		_	44	P.Y	м
-	-				
10	20	ĕ.	n		
0	13	10	u		

12073

She a second		
Die Dies Ne	101	1
D. Die M.	151	0

			CERTIFICA	TE OF DEATH	R	eg. Dist. No	5 9
How long in above place Hospital, institution, or	elck lerick  of death? 10 street address where d	nits, write RUR YPS.	AL and give nearest town)	State Maryland City or town Frederical City of town A Norva A	County From County From County From County County County From County Cou	ederick	rest town)
Mrs.	Sophia	Eleano	r Albright			none	
4. Sex female	5. Color or race white		xick widowed, or divorced		oical certifice		at 5:15PN
7. Birth date of deceased (mo., day, y	July 1 Months 4	6.(c) 1 0, 186	If less than one day	Immediate cause of death	on 6 Dec	inles	DURATION 36 tus.
1D. Usual occupation	K, Co., P (Town, Housewif s rtin Klev York Co	e edins		Due to			(?)
14. Maiden name	Mary She York, Co			(Include pregna			
16. Informant Mrs	s. Frank derick, M	E. Gar d.	rett,	Autopey results	he cause to which death	should be charged	statistically.
Cemetery or exemeter	rk. Pa.	Church	Dec. 10, 46 (month) (day) (year) Cemetery	Accident, suicide, or homicide  Whara did injury occur?	City or town)	(County)	(State)
18. Funeral director  Address Frede	M. R. Etc	on.	& Son		les N. Ce	Injured at work?	2. M. D. 8 Dec 1944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

DEC 10 1946
BUREAU V &

1-35

VS A15

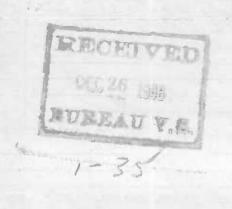
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (700)

### CERTIFICATE OF DEATH

	45	12074 Reg. Dist. No	12	10
,	die	Reg. Diat. No	1 2	0

	00
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Manual County
(If outside city or town limits, write RURAL and give nearest town)	City or town 30 alle mia
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Fre derile City Hospital	Street No. 1.1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME COUPLY	3. (b) Social Security Number
VINCENTY HVARA	
4. Sex 5. Color or race 6.(a)8ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manuel	20. DATE OF DEATH 20 Welluler 1946 218:45P M
6, (6) Name of hystesid or wife Many M. Mica Serie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
6.(c) If alive, give age years	- alae ) a Williams
7. Birth date of deceased (mo., day, yr.) Way 13 - 1901	and that I last saw however after on
8. AGE: Years   Months (   Days   If less than one day	Immediate cause of death
7 7 min.	
9 to	
9. Birthplace (Town, county, add atate)	Due to
10. Usual occupation of arter	
11. Industry or buginess	Due to
E 2 name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name On Cella 19 Canca	Major fiadings of operations.
14. Maiden name Concella 03. Lanca 15. Birthplace	Date of on.
16. Informant Was Mary avara	Aptopsy results.
alt home	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Walleman - Wangani	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burla) competion or removal, Which?  (Burla) competion or removal, Which?	Accident, suicide, or homicide. Casadust pale of 20 Wee 46
Mus ( Hands of Co.	Where did toher occurrence treduced treduced new
Cemetery or crematory	(CIEV OF LOWIL) (COUNTY) (Seace)
Location Dudly Man Langue	Injured at home, farm, Industry, public place (where?)
tB. Funeral director Mark & Calvan Ave-	Means of injurgants accident injured at work?
Address 90 N Styller St=	Charles N. Cerley S. M. D.
CD- Dank the	23. SIGNATURE M. D. or other
19. 21 - Nec 19 4 6 Chalully J. Hell.	Address Flidrick, ma Date signed 20 Date 46



N

PLAINLY, is especially

WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-6

1	M	
,	-	

12075

### CERTIFICATE OF DEATH

Reg. Dist. No. 139 ()

1. PLACE OF DEATH: Frederick			2. USUAL RESIDENCE (HOME) OF (For newborn infanta give residence of n	DECEASED:		
City or to a. State Sanatorium, Maryland (If outside eity or town limits, write KURAL and give nearest town)  How long in above place of death? Since 10/29/46  Mospital, Institution, or street address where death occurred:  Maryland Tubberculosis Sanatorium  How long in hospital or institution? Since 10/29/46			State. Maryland County Prince George  City or town			
3. (a) FULL NA		Bamberger			3. (b) Social Securit 578-01-1	*
4. Ser Male	5. Color or race White	6.(a)Single, married, widow	ved, or divorced	MEDICAL CE 20. DATE DE DEATH. December 10	RTIFICATION	at .5.3.0P. w
				21. I CERTIFY that death occurred on the date abov October 29 19 and that I last saw h. imalive on Dec	emb er 10	19.46
8. AGE: Ye	7 Months	Days   If less than		Pulmone ry Tubero		
9. Birthplace	Baltimore	Md., county, and state)		Due to.		
10. Usual occupation 11. Industry or busin 12. Name	Garage	Attendant  Bamberger		Due to		
14. Maiden nam	. Margare	t Bast		(Include pregnancy within 8 m	Date of op	
Address 342	m Surial	et M. Bambe (Mothe Ave., Mt. Ra	own 11/3/46	PHYSICIAN: Please onderline the caose to whi 22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	ich death abould be charge ies, fili in the following: 	
Location	Unker	own Unshing	to, DC	Where did injury occur?(City or town)  Injured at home, farm, industry, public place (who Mesne of injury		
	2 Georgia	Ave. Wash.		23. SIGNATURE J. D. Myn Address State Sanatorium	M. I.  M. Date signe	12/11/46

bed green, more of the common than

TOTALE . A PRODE

Retrial 9, 1909

RECEIVED

DEC 12 1946

BENEAUVS

. 1-35 

British Color of the Color of t

343" 11

d.c., nen, an acceptance - X

Musica ou Caradarent en la

Out of the state o

. TOTAL STREET, STREET

TELEVISION OF THE PARTY OF SARS Des Carrey.

spin-supplied in the 12/11/40

## 9.45.15 M

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

### CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	Trace of Inchesion
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	113 H. Sweetle Street
Frederick City Hospital	Street No. 1/3 1. South Street (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME John Beall	(Rufus) 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH. Rec. 24 19.46 21235 P. B
Lydia a. V. Fogle	21. I CERTIFY that death occurred on the date above stated; that fattended deceased from
B.(6) Name of Auction or wife	Dec / 1946, 10 Dec 2 H 1946
7. Birth date of	and that I last saw h an alive on Det 2 H 19.5 b.
deceased (mo., day, yr.) 7-25-1856	Immediate cause uf death DURATION
8. AGE: Years Months Days If less than one day	1)
90 4 29ni	
· Richniace Frederick Country many law	
9. Birlhpiace	Due to/
10. Usual occupation. Faborer	1 + i tolest
	Due to Manage Charles
11. Industry or business	
E 12. Name Mm. J. Beall	Other conditions Alma Tallace
13. Birthplace Scotland	(Include pregnancy within 3 months of doth)
14. Maiden name ? Sponseller 15. Birthplace Frederick Co. M.L.	
E Zache of Car man	Major findings of operations. MAD
0 0 0	Dale of op.
18. Interment mrs. J. R. Beall	Autopsy results.
Address 113 H. South St Fredk ha	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Whiteh?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cametery or exemptory mit. alivet Cemetery	Where did injury occur?
toode it - not	injured at home, farm, industry, public place (where?)
Location Control Contr	
18. Funeral director. C. E. Cline, and Son	Means of Injury Injured at work?
Address Frederick- Ind.	a at the Man.
AUUI 633	23. SIGNATURE M. IJ, or other
19 26-Dec 1946 Elisabeth yttech	I I I had well as helder
(Date rec'd by registrar) Registra	ar   Address Date signed   TT   The



### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn lytants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
	City actions Walkersulle, Reval
How long in above Diace of death?	(If outside city or town limits, write RURAL and give nearest town)
mergluer Arkelel	Street No.
New land in heavillal as institution?	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Harieuce Virgence	Seel 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
alual vinte Widow	Sequeler 12 46 800
y Wal + 1 of	20. DATE OF DEATH. WELLEW 15 19 TG at M
6.(b) Name of husband of the Levrey 100 Mills of the Sell	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
S.(c) If alive, give ageyears	July 1 19 46 10 NEC. 13 19 46
1. Birth date of Aleganian 18 101 LL	and that I last saw he alive on Alemanter 5 19 46
	Immediate cause of death.
01 11 15	Hylesterme Sardy
at fill, figures, min.	1 Danie Ra l direcco
9. Birthpiace Medeller Colley Marfacus	Due to.
(Town; county, and state)	
10. Usual occupation.	Due to.
11. Industry or business	
12. Name John Courer	Bld and Ware
12. Name Markerell Ruet Maryan	Difer conditions
a O O O O O O O O O O O O O O O O O O O	(Include pregnancy within 3 months of death)
± 14. Maiden name	Major findings of operations.
15. Birthpiaco Caderille C. Mayland	Date of on.
16. Informant Muspuis Haliland	Adjobsy results.
5 12: 2/ /// >0/ ///	PHYSICIAN: Please underline the canse to which death should be charged statistically.
Address merkelley Hosp. Alderell file	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof dream 17 1946	
(Burial, eremetion, or removal, Whichi)  Date thereof. (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or prematory Alisco	Where did injury occur?
Location My Talastalana	Injured at home, farm, industry, public place (where?)
16. Funeral director 9 6 Barton	Msens of injury Injured at work?
21-0/60 :00 2.1	() 1088 2
Address Wallplreville ma	23 SIGNATURE aughl (. Cooler of cen
19 6-Dec 18 46 Elizabeth Atteclas	M. D. or other
19. (Date rec'd by registrar)  Registrar	Address Workles well, W.J. Date signed ee. 16, 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

DEC 19 1946
BEREAT 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

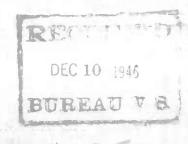
### 2411 N. Charles St., Baltimore 4

### CERTIFICATE OF DEATH

	19070
	16115
Reg.	12075 Dist. No. 7340

14	Reg. Dist. No. 2	4
1. PLACE OF DEATH: Frederick County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Emmitsburg, Maryland (If outside city or town limits, write RURAL NEAR and give town)  Sireet address, hospital, or institution:	State Emmitsburg County Frederick Co., McCounty or town (1f outside city or town limits, write RURAL NEAR and give town)	i.
Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)  In this town 12 years	Street No	
3. (a) FULL NAME	3. (b) Social Security Number	
Mary Jane Beltzhoover, (Sister Berchmans		
4, Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Female   White   Sister of Charity	MEDICAL CERTIFICATION  20. DATE DF DEATH Dec 5 19 46 , at 72 60	M
B (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 10 10 10 10 10 10 10 10 10 10 10 10 10	
deceased (mo., day, yr.)         November 14, 1857           8. AGE:         Years         Months         Days         If less than one day           89         —         20         ————————————————————————————————————	Immediate cause of death  Carcinima Caloud  6 mic	
Near Emmitsburg, Maryland  (Town, county, and state)  10. Usual occupation Caring for the sick and poor  11. Industry or business as a Sister of Charity  12. Name Daniel M. Deltzhoover  13. Birthplace Dagerstown, Proposylvenix Md.	Due to  Die to Stesting obstruction - 1 was	ik
14. Malden name Elizabeth Miles  15. Birthplace Baltimore, Maryland  18. Informant Sister Mary Loretta, Treasurer  Address St. Joseph's entral House	(Include pregnancy within 8 months of death)  Major findings:  Of operations	erline which be
Address St. Joseph's entral House  Burial Date thereof Dec. 7, 1946  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Emmitsburg, Maryland  Location  Emmitsburg, Maryland  18. Funeral director  A. Callians	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Address Emmillhura Md	23. SIGNATURE W. F. Cadle We D.	
19. (Date rec'd by registrar)	Address June 10 Company Hold Bate signed 12-6-46	6

**VS A15** 



12079

### CERTIFICATE OF DEATH

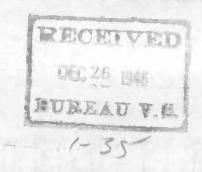
Reg. Dist. No. 131 0

1. PLACE OF DEATH: County Frederick  City or team Frederick-Rural  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Emergency Hospital	City or to Frederick (If outside city or town limits, Tower Apartme (If rural, give L	other) y Frederick write RURAL and give neents	erest town)
How long in hospital or institution? Since November 23, 1946	2.(a) If veteran, name war. None		
3.(a) FULL NAME EMILY CLARA BEST		3. (b) Social Security None	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  W	MEDICAL CE	RTIFICATION 22nd <sub>19.</sub> 46	, 11A
5.(b) Name of husband or wife. John T. Best  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) May 26, 1856	2t. I CERTIFY that death occurred on the date above  19.7  and that I last saw h & Kalive on	16, 10 Dec. 2	1946
8. AGE: Years Months Days If less than one day 90 6 26	Chronic Wephritis		2 years
9. Birthplace I jamsville-Frederick-Maryland (Town, county, and state) At Home	Due to		
1t. Industry or business    12. Name	Other conditions Fracture nee		Month
Mary M. Riggs  14. Malden name. Mary M. Riggs  15. Birthplace Frederick County Maryland  Mrs. Hattie P. Smith	(Include pregnoncy within 3 mo		
Address Frederick, Maryland	Autopsy results	ch death should be charged	statistically.
Cremation Date thereof 12/24/46  (month) (day) (year)  Fort Lincoln Crematory	22. VIOLENCE: If death was due to external caus.  Accident, suicide, or homicide to external caus.  Whore did injury occur?	Days of	(State)
Location Washington, D. C.	Injured at home, farm, industry, public place (whe		hr
18. Funeral director. M. R. Etchison and Son  Address Frederick, Maryland  19. 23 Dec. 1844 Elizabeth Heals	Means of Injury Fall  23. SIGNATURE Servard  Frederick, Mar	Himas Jr	M. D. or other 12-23-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

VS A15



-	-
I	
	þ
~	1
9-45-15M	January 1st Charles
A15	DI BAGE
VS	TIL

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
	0411 N CI			-2

2411 N. Charles St., Baltimore 13-6



12080

### CERTIFICATE OF DEATH

2	-	
Ø	- Car	

Reg. Dist. No. 139

1. PLACE OF DEATH: County Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown			URAL and give nearest town)	State Maryland e County  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution,	or street address where	death occurre	d:	(If outside city or town limits, write RURAL and give nearest town)  Street No. 1109 Longwood St.  (If rural, give LOCATION)		
			Sanatorium			
		iceJ.	ine 3, 1946	2.(a) If veteran, name war	***************************************	V
3. (a) FULL NA		ROBEI	RT BRUNER		3. (b) Social Security 216-12-	
4. Sex	5. Color or race	6.(a)Sing	e, marrisd, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	1	Single	2D. DATE OF DEATH December	22. 194619	2:30P
				21. I CERTIFY that death occurred on the date at June 3	bove stated; fhaf fattended deci	eased from
7. Birth date of	Non	20	c) ff alive, give ageyears	and that I last saw h. im. alive on De	cember 22	19.46
deceased (mo., da 8, AGE: Ye	y, yr.) INOV •	29,	1923	Immediate cause of death		DURATION
2:	3 0	23	hrs,min.	PULMONARY TUBER	CULOSIS	2½ yrs
9. Birthplace Baltimore Md. (Town, county, and state)  Laborer		Due to				
10. Usual occupation 11. Industry or busing		***************************************		Due to		
ad 1			er	Dther conditions		
	Lois Fit			(Include pregnancy within 8		
≥ 1 15. Birthplace					Date of op	
18. Informant				Autopsy results		
/m/	1109 Iongw on, or removal. Which?)	12/1	Balto m Md	22. VIOLENCE: If death was due to external ca		
Cemetery or crem	1/20	Rec	fremer	Where did injury occur?(City or town)	(County)	(State)
Location	Jultin	one.	nde 1	Injured at home, farm, industry, public place (	where?)	
18. Funeral director	MA	JUS	Mary Structure	Means of injury	injured at work?	
Address	Thurs	VI	1 per	John de	1	
19. / L (Date ree'd by	12 / 86 X	telle	Registrar	Address State Sanator		12/22/46

orough indeed

on some and built

market on the black to the first of the contract of the contra

nrib ouns

north at sollmore

Chart

Ch

Tall the season

58

DEC 24 1946

BUNEFA

PLEASE WRIT

18. Funerat director.

(Date rec'd by registrar)

	e l				
•	on carefully. The corrected	1. PLACE OF DEATH: County Frederick City or town (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? 45 Years Hospital, institution, or streel address where death occurred: 110 West All Saint Street How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland Frederick  State Frederick  City or town (if outside city or town limits, write RURAL and give nearest town)  Street No. 110 West All Saint Street  (If rural, give LOCATION)  None  2.(a) If veteran, name war.		
4	information of death cle	3.(a) FULL NAME ANNIE CAMPBELL	3. (b) Social Security Number None		
NG	of	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  F C W	MEDICAL CERTIFICATION  20. DATE DF DEATH De Cember 4th 19. 46 , at 11:		
FOR BINDING ply every item of write the causes		6.(6) Name of husband or wife. Hunter Campbell  7. Birth date of deceased (mo., day, yr.) 1876-Month & Day Unknown  8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.43., io		
MARGIN RESERVED	VFADING INK. Supply t. Physicians: please wr	70 hrs. min.  9. Birthplace	Due to Afy potention and aledio scennes  Due to Chronice arthritis		
	LY, WITH UNF	14. Maiden name. Unknown  15. Birthplace Unknown  16. Informant. Mrs. Thomas Strawder	(Include pregnancy within 3 months of death)  Major findings of operations		
Σ Σ	E PLAINLY, vis especially	Address 119 W. All Saint St., Fred'k, Md  Burial  (Burial, cremetion, or removed, Winter)  Fairview Cemetery	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide		

Frederick, Maryland

Frederick, Maryland

M. R. Etchison and Son

TIFICATION 4th 19 46 at 11:45A ated; that tattended deceased from 10 Decom Par 1946 DURATION hs of death) death should be charged statistically. fill in the following; (State) (County) tniured at home, farm, industry, public place (where?) ... Injured at work? Means of Injury Frederick, Maryland Date signed 12-5-46



PLEASE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (63-77)

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick  Frederick-Rural R. F. D. #1  (If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospilal, institution, or street address where death occurred:  Near Frederick  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  Frederick-Rural R. F. D. #1  (If outside city or town limits, write RURAL and give nearest town)  Street No. Groves  (If rurst, give LOCATION)  None
3. (a) FULL NAME	3. (b) Social Security Number
JOHN AUSTIN CLARK	None
M S. Color or race S. Co) Single, married, widewed, or diverced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 24 DELULIE 1946 at / 230 FL M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one day 24 8 2hrsmin.	Carlion manayable Paisoning 9hrs.
9. Birthplace Urbana-Frederick-Maryland (Town, county, and atate)  10. Usual occupation. Farmer  11. Industry or business    12. Name	Due to  Due to
\$ 15. Birlhplace Baltimore, Maryland	
Address R. F. D. #1, Frederick, Md.	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:
Burial Date thereot 12/27/46  (Burlal, Cremation, or ramovel, Which?)  Cemelery or arematory Mount Olivet Cemetery  Frederick, Maryland	Accident, suicide, or homicide. Suicide Bate of 24 Dle: 46  Where did Injury occur? Lat. Frederick Fred. N.S.  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?) Wr. Causty
18. Funeral director	Misens of injury Exhaus gas from Car Injured at work? Vice  23. SIGNATURE Charles H. Corles J. M.D.
19. 2 6 Dec 19. 4 6 Elizabeth tech.  (Date rec'd by registrar)  Registrar	Address Frederick, Web. Date signed 2x Dec 46

DEC 27 1946
BUREATION
)-35

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 46-6 CERTIFICATE OF DEATH

1. PLACE OF DEATH: The death	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn turants give residence of mother)
County	state Mary land, county Frederick
City or lown	S1216
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No IR D # MX. Chiny Mid
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ciney MAdon	
4. Sem 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale While Widowed	20. DATE OF DEATH. December 13 19.46 at 10.30 X M
albert & Class	21. I CERTIFY that death,occurred on the date above stated; that I gitended deceased from
6.(6) Name of husband or wife	Oct 10 10 46 to Dec 13 10 46
7. Birth date ot	and thet I last saw h a alive on the 13 19 56
deceased (mo., day, yr.) Flety 2: 1866	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Carcinoma of Stomach 3 mo
80 10 11hrsmin.	
They be made: C. Well	Due to
9. Birthplaca (Town, county, and state)	DUE TO
10. Usual occupation	0.1
11, Industry or business	Due to
12. Name Alther Downing  13. Birthplace Mary Land	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Surah Brunden Tury  15. Birthplace  Mary Grand	Major findings of operations
15. Birthplace Mary Count	Qate of op.
Mr. Marin Beach	Autopsy resolts.
16. informant	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
Address Mrk Cury Med	22, VIOLENCE: If death was due to external causes, fill in the following:
17. Dunal Date thereo1 (month) (day) (year)	Accident, suicide, or homicide
(71 mide 10	
Cemetery or examplery.	Where did injury occur?
Location Lesunge Form full	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Co. M. Walls	Means of Injury Injured at work?
1.1.0.1. 201	S 1 D P 1 1/2
Address Wastrely Ma.	23. SIGNATURE Ornest (Oob wo
19 Dec. 17 1946 Clause a. Kengles	De 12 Mew heartest, red 12-12-44
19. (Data rec'd by registrar) Registrar	Address Dafe signed

RECEIVADO

DEC 18 1946 . ...

BUREAU S

1-35

### 2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 1390

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
county Frederick			363			
City or town State Sana to rium, Mary land (If outside eity or town limits, write RURAL and give nearest town)			L. Mary Land	State Mary land Coun	A ALST TITE POI	
Now ingo in above place	of death? Sinc	e 4/6	/46	City or town Knoxville (If outside city or town limits,	write RURAL and give ner	rest town)
Hospital, Institution, or	street address where t	leath occurred	l:	Street No. Route #1		
/			s Sana torium	(If rural, give I		······
How long in hospital or	Institution?Sin	ce 4/	6/46	2.(a) If veteran, name war		
3. (a) FULL NAMI	E				3. (b) Social Security	Number
Hel	en V. Co	le			None	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		Married	2D, DATE DF DEATH December 14	19 46	5:40A
6.(b) Name of husband	Gill	ert	Cole	21. I CERTIFY that death occurred on the date above	e stated; that I attended dece	ased from
			``````````````````````````````````````	April 6 19.4		
7. Birth date of	June		c) tf alive, give ageyears	and that t last saw h.erailve on _Dece	mber 14	1946
deceased (mo., day, y	1.7			Immediate cause of death		DURATION
8. AGE: Years		Days	If less than one day	Pulmonary Tubercul	osis	7 Yrs.
28		13	hrs,min,		***************************************	***************************************
9. Birthplace	Brunswick	, Md.		> m (r, e) (	***************************************	
	(Town,	eounty, and	ntate)	Laryngeal Tuberculosis 9		9 Mos.
1D. Usual occupation	Housewil	8		Due to		*
11. Industry or busines					4	•
当 12. Name	Stanley V	irts		Dither conditions		***************************************
3. Birthplace	Maryland					
8	Mazie I		am	(Include pregnancy within 3 m		
and a second				Major findings of operations		
	West Vi				Date of op	
16, Informant	Decease	d		Antopsy results		
Address	Knoxvill	Le, Ma	aryland	PHYSICIAN: Please underline the cause to whi		statistically.
. Buriel		Data Abas	12/17/46	22. VIOLENCE: If death was due to external cause		
(Burlal, cremation	or removal, Whieh?)		eof 12/17/46 (month) (doy) (year)	Accident, suicide, or homicide		
Cemetery A Contain	x Virt	3		Where did injury occur?(City or town)	(County)	(State)
	ndy Hook	Mar	y la mi	Injured at home, farm, Industry, public place (whe	re?)	
18 Funaral diseases	Melvin S	tride	r /	Meens of Injury	Injured at work?	
			1. / 4	A Vi		
Address	Charlesto	WII 9	70/11/	23. SIGNATURE J- W	М. D.	
19. 12/12	14619		Registrar	State Constant	m. M.d.	12/11/16
(Date rec'd by re	gistrar)		Registrar	Address State Sanatoriu	All	12/.14/.40.

UNFADING INK. Supply every item of information carefully. The correct set. MARGIN RESERVED WITH UNF important. WRITE PLAINLY, is especially PLEASE

NS

FOR BINDING

SET A TOTAL OF THE PARTY OF THE sing or maint TREVIT NO. DEC 16, 1946 BUREAUTE - 35 .20/12 THE PLANT 3.22 and the state of t the the living . . .

MARGIN RESERVED FOR BINDING

### VS A15 g

PLEASE

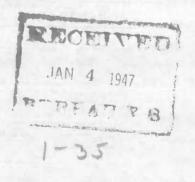
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ma

### CERTIFICATE OF DEATH

1	20	85	2	0	h
Reg. Di	st. No		0	0	7

1. PLACE OF DEATH: / Value Market	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Frederick lew Varket	(Kor newborn infants give residence of mother)		
	State Maryland County Illerick		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
4	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
OCATA MALLIA	Non:		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
141 1 01 1	301		
Male Black widowed.	20. DATE OF DEATH. Oec 30 19.46 at 3-4. M		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from		
	Dec 20 19 46 to file 29 19 46		
7. Birth date of	and that I fast saw h and alive on local 29		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Exectued my, rk		
about 89 min.	Aug D )all		
8. Birthplace Near new Market	Due to		
(Town, county, and state)	HISO HYTERIOSCIEVOSIS		
10. Usual occupation	Due 10		
11. Industry or business doing farm Work			
12. Hame Richard Danis 13. Birtholace Frederick Go, Md.	Other conditions		
3. Birtholace Frederick Go, Md.			
	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations.		
S 15. Sirthplace			
S. Landels Commenterry	Autopsy results. Now		
16. Informant Leonge Davis Nighten /1.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address new market Ma.	22. VIOLENCE: If death was due to external gauses, fill in the following:		
17 Burish Dale thereof 1-9-47	(I) (VIA 20.117b		
17	Accident, Spicial, of Institute		
Cemetery or crematory Simpson Chapil Cemetary	(City or town) (Cophty) (State)		
buy Market Md.	Injured at home, farm, industry, public place (where?)		
Location	Means of Injury Fell 6ff Steps Injured at work?		
18. Funeral director W. E. Falconer:	De 12 De 11		
Address new Market pid:	Noughl & Kom, III.		
1 21 11 P - KY-0	23. SIGNAYURE. W. D. or other		
19. (Date ree'd by registrar) Registrar	Address Vera Vienhel Date signed Dec 30, Fry		
(Date fee d by fegiatiat)			



THE PARTY OF THE PARTY OF THE PARTY OF

PLEASE

A15 SA

	1	
Z		
A		
2		
MARGIN		
$\mathbf{z}$		
_		
RESER		
S		
国		
R		
Z		
ED		
14		
FOF		
2		
2		
Z		
Ξ		

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

12086

	Reg. Diat. No.	***************************************
City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate.  County  City or town.  (If outside city or town limits, write RURAL and give nearest  Street No.  (If rural, give LOCATION)	
How long in hospital or institution?	2.(o) If veleran, name war	
3. (a) FULL NAME  4. Sex   5. Color or race   8. (a) Single, married, wildowed, or dispersed	Stylen 3. (b) Social Security Nur	mber
M. 21. Wislower	MEDICAL CERTIFICATION  20. DATE OF DEATH 23 December. 19 46 31	3:30A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased  November 19.46, to 23 Dec.	19.46
T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  8. The second of the se	Immediaie cause of death	DURATION LWEEKS
9. Birthplace 2000 boro 144.  10. Usual occupation Petire Farmer	NEPHAITIS	5-10 YEARS
11. Industry or business    12. Name	Diher conditions	
14. Maiden name Margaret a Allangh 15. Birthplace  14. Maiden name Margaret a Allangh	(Include pregnancy within 3 months of death)  Major findings of operations	
Address Woodsbord Myd.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged stati	istically.
Burial, cremation, or removal. Which?)  Date thereof. Dec. 26/946  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	***************************************
Commetery or crematory The Location Treservery 140.	(City or town) (County) (Sinjured at home, farm, industry, public place (where?)	tate)
18. Funeral director.  Address 2 Voods boro Myd.  19. Ste. 25 1946 & Rowell  (Date rec'd by registrar)  Registrar	23. SIGNATURE aver E. Stoner M. D. or or	). BDog 41



2 // 00

4	14	U	0	6
	3	-	ev 40	ú

ATE OF DEATH  Reg. Diat. No. 131		
2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Frederick  City or Frederick-Rural R. F. D. #3  (If outside city or town limits, write RURAL and give nearest town)  Pleasant Hill  Street No. (If rural, give LOCATION)  None		
3. (b) Social Security Number		
MEDICAL CERTIFICATION  December 8th 19 46 at 4:35A		
ars and that last saw h f alive on December 19.44  Immediate cape 1 death  Duranten  Due 10.		
Other conditions.		
(Include pregnancy within 3 months of death)  Major findings of operations		
Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide.  Where did injury occur?  (City ar town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  1 injured at work?  23. SIGNATURE  M. D. nr uther		

9.45-15M

VS A15



19	) 5
	UNFADING INK. Supply every item of information carefully. The corrant. Physicians: please write the causes of death Okarly and legibly.
101.72	fully.
	care
	ation th
4	form f dea
Ď.	of in
MARGIN RESERVED FOR BINDING	item caus
BI	the
FOR	rite
9	pply
RVE	Su
ESE	INK.
Z	NG
RGI	ADI
MA (	UNF ant.

important.

PLAINLY, V

PLEASE WRITE

A15

CERTIFICAT	E OF DEATH Reg. Dist. No	9.0		
1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or fown. State Sanatorium  (If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death? Since August 5, 1946  Hospital, institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium  How long in hospital or institution? Since August 5, 1946	State. Maryland County Prince Georges  City or town Berwyn (If outside city or town limits, write RURAL and give nearest town)  Street No. 9137 Baltimore Blvd.  (If rural, give LOCATION)			
	2.(a) If veteran, name war	V		
RAYMOND J. FERRY	3. (b) Social Security Num 577-07-9764			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Divorced	20. DATE OF DEATH December 24 19 46 at	1:30P w		
5.(b) Name of husband or wife Adelaide Ferry  5.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Aug. 5. 19.46 to Dec. 24. 19.46  and that I last saw h. 1m. alive on Dec. 24. 19.46			
deceased (mo., day, yr.) Nov. 5, 1999	Immediais cause of death.	DURATION		
8. AGE: Years   Months   Days   It less than one day				
47 1 19nin.	PULMONARY TUBER CULOSIS 2	2 mo.		
9. Birthplace. Washington, D.C. (Town, county, and state)	Due to			
10. Usual occupation. Truck Driver	Due to			
11. Industry or business    12. Name	Other conditions			
	(Include pregnancy within 3 months of death)			
	Major findings of operations.			
	Date of op.			
18. Informant Deceased	Antopsy results			
Address Confront  12/28/46 Confront  11 During Date thereof	PHYSICIAN: Please underline the eanse to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?)  Date thereof: (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Huffren Trospect Hila	Where did injury occur? (City or town) (County) (St	tate)		
Location Justy Washington D.C.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director M. L. Creager and Son	Meens of Injury Injured at work?			
Address Thurmont, Md.	J. M. Kyin			
19. 2 24 (A 19 Registrar)  (Date rec'd/by registrar)  Registrar	23. SIGNATURE M. D. of M. D. o	2/24/46		

. Total water have the fit

Treschier Ch. Dun hor 1: 10s MALE AND AND SALE OF S

Company of the property of the party of the

RECEIVED

DEC 26 1946

B' REAT To

1-35

of the constitution of the ball of the

desired and browners by said

**a** 

e e e

nuk aga galawas . . .

	/			CERTIFICA'	TE OF DEA	TH	Reg. Dist. No.	131 0	
How long in about the spital, institut Emers	Fred  (If outsi  (If o	erick- de city or town	death occurre	RURAL and give nearest town) d: Neek	2. USUAL RESID (For newborn i State Maryl City or town Fre (If o Street No. Near 2.(a) If veleran, name	county Frederic	Frederick al R. F. D. #1 write RURAL and give nearest town)		
3. (a) FULL	NAME	JOHN	THOMA	S FITEZ			3. (b) Social Secun None	rity Number	
4. Sex	5.	Color or race	6.(a)3ing	te, married, widowed, or divorced		MEDICAL	CERTIFICATION		
M		M		W	2D. DATE DF DEATH	Dece	mber 17, 194	6 .11:15P	
T. Birth date of	*****		8.	lackston (c) If alive, give ageyear 30	and that I last saw h	O alive on	above stated; that I attended  19. The 10. Dec. 12.	19 75	
deceased (mo	Years	Months	Days	tf less than one day			mbosis		
0. AGS.	82	2	17	hrs,min		9.1	1.1.2.1.2	······································	
1D. Usual occu 11. Industry or 23 12. Name. 13. Birthol	business Gec	etired orge Fi	Farm tez k Cou	nty Maryland	Due to	lude pregnancy within	n 3 months of death)	/ o years	
16. Interment	Mrs.	Harry	. Fre	derick, Md.	PHYSICIAN: Please		o which death should be cha	arged statistically.	
11Bul (Barial, ess Cemetery or Location	rial erematory eren N	Pipe C New Win	Date the reek dsor, Etchi	med 12/20/46 (month) (day) (year) Cemetery Maryland son and Son Maryland	Accident, suicide, or in the work of injury occurs.  Injured at home, farm Meens of injury  23, SIGNATURE	homicide	I causes, fill in the following:  Date of.  Win) (County)  e (where?)  Injured at work?  Maryland Date st	(State)  M. D.	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Arrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15 ASA

PLEASE

DEC.23.1946

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-34)

### CERTIFICATE OF DEATH

12090 310 Reg. Dist. No....

1. PLACE OF DEATH:  County Frederick				2. USUAL RESIDENCE (HOME (For newborn infants give residence	C) OF DECEASED:	
City or Land City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, instilution, or street address where death occurred:  308 West Patrick Street.  How long in hospital or institution?				street No. 308 West Pa	imits, write RURAL and give to	learest town)
3. (a) FULL NA	ME		A specific control of the second seco		3. (b) Social Securit	y Number
	WILLIAM J	ENNTNG	S FOGLE	211,-10-21,32		
4. Sex	5. Color or race		e, married, widewed, or divorced	MEDICAL	CERTIFICATION	
Male	White	M	arried	20. DATE DF DEATH Decembe	r 17 1946	9:00 A
	A 9	6.(	ealle Fogle :) If alive, give ageye:	ars and that I last saw h	1º 17 Dec.	19 19. <i>4</i> 4
8. AGE: Yo	ears Months	Bays 8	If less than one day	Immodiate cause of death	insting gas	2 kin C
19. Usual occupation		iver		Bue to		
3 13. Birthplace	Frederic	k. Md.				****
14. Maiden nar	Jennie R	enner k. Md.		(Include pregnancy withi	•••••	
14. Malden name Jennie Renner 15. Birthplace Frederick, Md.  16. Informant Mrs. William Fogle  Address Frederick, Md.				Autopsy results	o which death should be charge	
17 Bur (Buriai, cremat	ial	Bate ther	December 19, 10 (month) (day) (year)  Ceme tery	+ 10 11	well Fred.	7 De c '46 ma (State)
Location	Frederick.	Maryl	and	Injured al home, farm, Industry, public place		
11	18. Funeral director C. E. Cline & Son			Means of Injury	Injured at work?	no
Address	Frederic			23. SIGNATURE Charles th	Couley, In	M.D.
19. 18 De	C 19 H 6	13	izabeth y-ttack	ar Address Frederick	LA EXAL MI. I.  Date signer	18 Dec 46



### 2411 N. Charles St., Baltimore /860

CERTIFICATE OF DEATH

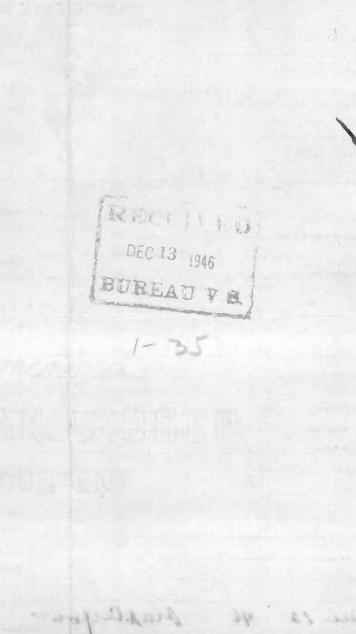
12091 Reg. Diat. No. /37

1. PLACE OF DEATH:  County  City or town (If outside city or town limited write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where seath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town simits, write HURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
EMILY ELIZABETH FOX	Hore
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH 10 December 19.46 21 9:15A
S.(b) Name of husband or wife Sterry P. Fox	21. I CERTIFY that dealh occurred on the date above stated; that I allended deceased from
	NEVER 10 DEC 1946
7. Birth dale of	and that I last saw h. S. C. ative on
8. AGE: Years Months Days It less than one day	Immediate cause of death
30 2 24hrsmin.	or Slevel Instante
7. le iel Co Mangland	Fall
9. Birthplace	900 10.6
10. Usual occupation Armsense	Page 4
11. Industry or business at Styline.	908 (0
	Dther conditions.
E One o	
	(Include pregnancy within 3 months of death)
H 14. Maiden name Latte 15. 8 Irthplace Mayland	Major findings of operations
15. 8 rthglace Mayland	Date of op.
16, Informant Thereny OR Fox	Autopsy results
O1 . Bo 1 One ( 12 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Myon Osudge That of the	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?)  Date thereol (month) (day) (year)	Accident, suicide, or nomicide.
Cemetery or crematory Drack Creek Cemetery	Where did injury occur?NR UNION BRIDGE FREDERICK Md. (City or town) (County) (State)
Location Strantown Road of	Injured at home, tarm, industry, public place (where?)
A Q OL HOTH Some	Means of injury FALL FROM BARN Injured at work? VES
Address Thurn Bulge of Men Woodow Ind	Classes X Couley Do. M. D
Dec. 12 46 Pray auchoras	23. SIDNATURE Dignety hed . Exameth D. or other
(Data reald by parietyer)	Address Fulling to Med Date signed 10 DEC 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M



La Court

2411 N. Charles St., Baltimore 95-0

### CEDTIFICATE OF DEATH

	12	092	14
米	Reg. Diat.	No	3/

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. M. Could County Cou
How long in above place of dealth?	City or town
Mospital, Institution, or street address where death occurred:	Street 16. (If rural, give LOCATION)
New long in hospital or institution?  3. (a) FULL NAME  ABULLANTE	2.(a) If veleran name war.
Darvare " - Clercy "	Staham 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Danks	2D. DATE DF DEATH 19 et
6.(b) Name of husband or wife.	19.44
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days It less than one day	Upmediate cases of death
9/ 6 8hrs. /min.	Domay Juples
9. Birthplace tracking county, and spice?	Due to Chac
10. Usual occupation	Due lo. Cally
11. Industry or business  12. Name Inederick III Bruachen	Dther conditions.
\$ 13. Sirthplace Synthywww.	(Include pregnancy within 3 months of death)
14. Maiden name Clay Maure	Major findings af operations.
2 15. Birthplace Thy source	Date of op
Address Address	Autopsy results
R. 1 11-46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlat, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Gantineors Cristy III 9	Injured at home, farm, industry, public place (where?)
18. Funeral director and an analysis of the state of the	1 1 2- 1 1 1-1
Address Askeds Bridge My of	23. SIGNATURE C. M. D. or ophor
(Date rec'd by registrar)	Address & Almantelle Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

DEC 13 1946

BUREAU V.B.

He Rushing my

### MARYLAND STATE DEPARTMENT OF HEALTH

1	N.	Charles	St.,	Baltimore	
---	----	---------	------	-----------	--

	70.000	,		(0)
CERTIFI	CATE	OF	DEA	HTA

2			21
	Reg. Dist.	No	2

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
Couply Fr = derich	State Mid - County Frederick
Offy or team (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town innits, write RURAL sud give nearest town)
Hospital, Institution, or street address where death occurred:	
Frederick lity Hospital	Street No
How long in hospital or institution? 2400c	2.(a) If veteran, name war
3. (a) FULL NAME	
5. (a) POLE NAME	3. (b) Social Security Number
Welty Reeter Grossmie	Kle no
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH DOC 21 - 1944 at 1-45 M
communication Carrie was brossnickle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
O.(O) Walle Olymporate of Wile	Nan 1942 19 10 2002 1944
7, Birth date of	and that Tast saw h. Apr. alive on Def 2 1 19 H
deceased (mo., day, yr.) Dea. 1, 1877	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Thursday 3 Vays
69 0 20nin.	
	- Ce dincimallience Sugar
8. Birthpiace Myersyille Erederick la. (Town, county, and state)	Due to Christian uniformy affin
4	
10, Usual occupation	Due to
11. Industry or business	
12. Name Peter Grossmickle	Dither conditions Salatelle Mestellia gen
\$ 13. Birthplace Masswille, Md.	
# 14. Maiden name Mary Harahman	(Include pregnancy within 3 months of death)
	Major findings of operations.
El 15. Birthplace My exselle 1 Md.	Date of op.
16. Informant larrie brossmickle	Antopsy results
Address Middletown, Md.	PHYSICIAN: Please noderline the caose to which death shoold be charged statistically.
- 1 1 m mu - 140	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisi, cremation or removal, Which?)  (Burisi, cremation or removal, Which?)	Accident, eulcide, or homicide
Cometery or common Grossniakle Cometery	Where did injury occur?
Cemetery of the control of the contr	Injured at home, farm, industry, public place (where?)
Location Line YSKILLE L LICE	Means of Injury Injured at work?
18. Funeral director. Colo de la della Colo	means of miguty
Address Middletown, Red.	Il Laurence Fahrnus ma
(Q). Q as 0. H	23. SIGNATURE MM, D, or other
19. (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Frederich Ma (Date signed 12-2/4/16.

DEC 30 1946
BUREAU V B.

# PCEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3Fa) .

### DELETATE OF DELETA

\* 12094 310

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH:  County  CHf or town (If outside fity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate. Daniel County The Market County (15 outside city or town limits, write RURAL and give nearest town)  Street No. (15 rural, give LOCATION)  2.(a) If veteran, name war.
Bora E Hardy	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marriad suidowed, or divorced  ### Single  8.(b) Name of husband or wife  8.(c) It alive, give age years	MEDICAL CERTIFICATION  20. DATE OF DEATH. 4 December 19 46 at 1/:30 pm  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 Samuary 19 46 and that I last saw h. E.R. alive on 4 December 19 46
deceased (mo., day, yr.)   2011   25   8   74   8. AGE:   Years   Months   Days   It less than one day   72   10   9  hrsmin.	Immediate sense of death OURATION Library orderna, acute 4 hours
9. Birthplace	Due to Hypertensing androvacular 10 years
11. Industry or business  12. Name Levis Department  13. Birthplace Frederice county	Other conditions
14. Maiden name Ellen G Barnick 15. Birthplace Frederick County	Major findings of operations.  Date of op.
Address Walfelraville  17. (Burial, Genetion, or removal, Whitch?)  (Burial, Genetion, or removal, Whitch?)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Halphaneselle MA	Where did Injury occur?
Address Walkersitle and  19. Lo.—Dec 19.46 Elisabeth Hech.  Registrar	23. SIGNATURE James E. Stones, F. MD M. D. or other Address Walkerwille Md Date signed 6. Dec 46.

STATE OF THE PERSON OF T

No. of Lot

THE REAL PROPERTY.

CARLE DE L'ANDRESSE

THE PARTY OF THE PARTY

RECEIVED

DEC **9** 1946

RUBEAT P 8

1-35

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9340

1203	J.

### CERTIFICATE OF DEATH

W	1						
diffe.			No/	14	4	0	
	Reg.	Dist.	No				

1. PLACE OF DEATH:  County Frederick  City or town Thurmont  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 yrs.  Hospital, institution, or street address where death occurred:			***************************************	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County. Frederic City or town. Thurmont (If outside city or town limits, write RURAL end give to the state of	
3. (a) FULL NAMI				3. (b) Social Securi	y Number
			S. Hendrickson	n. None.	
4. Sax	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	M.	idowed	20. DATE OF DEATH Decamber 9 1946	2:00 P.M
6.(b) Name of husband or wife John Hendrickson  6.(c) If allve, give age years  7. Birth date of Towns 70 TOWN 5			:) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended do  July 18 19.76 to Alexandra and that I last saw h. The alive on December 9.	bu 9 19 4 6
deceased (mo., day, y	r.) Jui	18 30 Days	1875	Immediate cause of death Chronic myocarlife	5 7 DURATION
8. AGE: Years		9	hrs,min.	- O	
9. Birthplace				Oue to	
当 12. Name	Richard	l Jew	911	Other conditions arteriosclerosis	?
12. Name	Maryla	nd			
14. Malden name	Annie E Marylan		vler	(Include pregnancy within 3 months of deeth)  Major findings of operations.	
16. Informant	Omer Her		kson	Autopsy results. May done Dale of op	
	Thurmont	, Mo	i.	PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.
Burial Date thereof Dec. I2, 1946  (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Blue Ridge			Dec. I2, I946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)
Locetion Thurmont, Ma.			<b>"å.</b>	Injured at home, farm, industry, public place (where?)	**********
18. Funeral director	M. L. C	reage	er & Son	Means of Injury Injured at work?	
Address	Thurmon	it, l	4d.	23 SIGNATURE M. Franklin Birch	Mm
19. Ole 1/ 19. 46. Blauche S. Eyler (Date rec'd by registrar)				23. SIGNATURE M. I  Address. Flurtmont, M. I  Date signe	o. or other d NO. 11,1946



WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARGIN RESERVED FOR BINDING

			CERTIFICAT
Hospital, Institution, (	Frede ate Sanato outside elty or town lin se of death? Sin or street address where	rium nita, write h	Mary land URAL and give nearest town) 0/7/46
How long in hospital	or Institution? Sir	ce lo	0/7/46
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced
Female	White	1	Marri ed
	xxx Byro	n Hi	tchcock
	yr.) March 2	8.6	c) It allow give age 25
8. AGE: Yea	Months	Days 8	It less than ooe day
10. Usuat occupation	Housewi	fe	
	Susie S		•••••••••••••••••••••••••••••••••••••••
≥ 15. Birthplace	Tennessee		ck (Husband)
16. Informant			
	of, or removal, Which?)	bate Affer	Manor, Elkhan
Location	HK H	Cof	Newark, Del
Address	Halfilla	your	- HARLY
19. (Date ree's b	19		Registrar

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
StateMaryland	, Cecil	***************************************
City or town	write RURAL and give near	eat town)
Street No. 308 Hollingswo	rth Manor	
2.(a) If veteran, name war	<u>9</u>	
	3. (b) Social Security 1 None	<b>lumber</b>
	RTIFICATION	
20. DATE DF DEATH December 5	t9 46	al 4:30A
21. I CERTIFY that death occurred on the date above October 7	46 to Dec. 5	19 46
and that I last saw h er alive on Dec	ember 5	19.46
Pulmonary Tuberc	บโดราร	DURATION NO.
		. new proje data not too the
		*************************
Due to		***************************************
Due to		***************************************
Dther conditions		
(Include pregnancy within 8 m		
Major findings of operations	•••••	
	Bate of op	
Autopsy results	ch death should be charged s	tatistically.
22. VIOLENCE: It death was due to external caus	es, till in the following;	
Accident, suicide, or homicide		
Where did injury occur?(City or town)		(State)
Injured at home, farm, Industry, public place (who		
Means of injury	Injured at work?	
OB. dra	~	

Address State Sanatorium, Md. Bate signed 12/5/46

Detable / seek to diffe him he d received a re-

. 10 AE AF Astablished by Maritin

the same state of the control of the

and not made "Altelian van de lend in

ALTONE THE THE THE

RECEIVED

DEC \$ 1946

BURLARIA BADA

the dellipsed of the special transfer

-,-

# CERTIFICATE OF DEATH

	19007
34.1	16/27
Reg.	Dist. No. Z.

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Table 1	State Mangland County Frederick
City of town	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
How long in above place of death?	City or town (if oytside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address whate death occurred:	Street No. Almorthe - Muddlebug Road
	(If rural, give LOCATRON)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hannah Christeth It	Ifman / More
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
Female White Wodowed	20, DATE OF DEATH Decamber 5 1946, 21 8,00 A. W
Lead & Stelle	21. I CENTIFY that doubt occurred on the date above stated; that Lettended deceased from
8.(b) Name of husband or wife	men 166 10 1005 1046
7. Birth date of	and that I last saw har alive on 19 h
deceased (mo., day, yr.) Sext /6, /868	Immediate cane uf death DURATION
8. AGE: Years Months Days If less than one day	( Comme 4
78 2 /9hrsmin.	
9. Birthplace Frederick Co, Moyland	Due A
(Town, county, and state)	
10. Usual occupation.	Due to.
11. industry or business at Storle	
12. Name Jacob Santh	Other conditions
3. Birthplace & Maryland.	(Include pregnancy within 3 months of death)
14. Maiden name lestina Whiting	
14. Maiden name Jestina Martine  15. Birthplace Mangla .	Major findings of operations.
21 15. Biringiace Secondary	Date of op.
18. Informant Mis Office & October 18.	Autopsy results
Address Seyman, Maryland Route 2	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burst Dat (hereof Dec 7, 1946	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Bat (hereof. A. (month) (day) (year)	
Cemetery or crematory.	Where did Injury occur?
Location Location Many	Injured at home, farm, industry, public place (where?)
18. Funeral director Sawell & Startlet	Means of injury injured all work?
Address Woods for of Leberholden Mangland	Mountain molo.
AUDIESS// OUTLING V ALPRIMATION CO	23. SIGNATURE M. D. oc other
19. El 19.46 Man, County men-	10/10/10/10
(Date rec'd by registrar) Registrar	Address Bate signer Bate signer

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case age is especially important. Physicians: please write the causes of death-clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

SECOMED! DEC 13 1946 BUREAU V & See & Geof mar2411 N. Charles St., Baltimore 9400

### CERTIFICATE OF DEATH

12098 og. Diet. No. / 401

	NOS. DIEC 100 g. million
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Treelegach	State Maryland County Frederick
(If outside city or town limits, write RURAL and give nesrest town)	1 La Mars
Hoy long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	Hower
F 2V married	MEDICAL CERTIFICATION  20. DATE OF DEATH. Dec 2 4 4 6 19 21 10 P M
El 21 = Harres	21. LCERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife	De 10 1946 10 Dec 241946
7. Birth date of 7. Sirth date of 7. Sir	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death
68 / 22nrs. min.	Lawy frontour
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. Housewife	***************************************
t1. Industry or business On Aone	Due to
E 12. Name Jacob Suith	Dither conditions.
	(include pregnancy within 3 months of death)
14. Maiden name Sestina allitura	Major findings of operations.
15. Birthplace Freglerich Co. 74d.	
16. Informant	Autopsy results
Address for Mar.	22. VIOLENCE: It death was due to externat causes, till in the tollowing:
(Burial, cremetion, or removal. Which?)  Date thereol. 2.7a /9446 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exematory	Where did injury occur? (City or town) (County) (State)
Location Lewis Med.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Powell & Hartyler	Means of injury Injured at work?
Address 2 Voodsboro 141d.	C& La Day
19 Dec 27. (Date rec'd by registrar)  18446  Registrar	23. SIGNATURE M. D. or other  M. D. or other  M. D. or other
(Date fee d by fegistrar) Registrar	Address Date sign

information carefully. The of death clearly and legibly. FOR BINDING ADING INK. Supply every item of Physicians: please write the causes MARGIN RESERVED PLEASE WRITE PLAINLY, WITH UNF is especially important. A15

VS



2411 N. Charles St., Baltimore (1440)

### CERTIFICATE OF DEATH

Reg. Dist.	No. 131
CEASED:	

1. PLACE OF DEA	/ Wred	erick		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	f mother)	
	Fred	mita meita B	(Rural) URAL and give nearest town)	State Maryland County Frederick  Frederick R.F.D.#4  City on town limits, write RURAL and give nearest town  Street No.  (If rural, give LOCATION)  2.(3) If veteran, name war.		
nospital, institution, of	mergency	death occurre	al			
3.(a) FULL NAME	E	iam D.	Jenkins		3. (b) Social Security N	amber
4. Set Male	5. Color or race White	6.(a)3ingl	e, married, widowed, or divorced-	MEDICAL CERTIFICATION  20. DATE OF DEATH December 10th 19 46 41		
6.(b) Name of husband- 7. Birth date of deceased (mo., day, y	20 2	6.(	r Jenkins	21. I CERTIFY that death occurred on the date at	10 Dec.	19
8. AGE: Years 78	Months ?	Days	If less than one dayhrsmin.	Fracture Sky	L	3 his.
9. Birthplace	Retired	county, end	state)	Due to		***************************************
11. Industry or business  12. Hame	: Grafton Je: Frederick	County	Maryland	Other conditions		
14. Maiden name	Janie P Frederi	earl ck Cou	nty Maryland Hospital	(Include pregnancy within 3		
	ecords Eme			Actopsy results	which death should be charged s	
Cemetery or <del>-cremato</del>	II y	ul Lut	Dec. 13-1946 (month) (day) (year) heran Cemetery	(City or town)	De Date of 10 1	(State)
Location	Jeffer C.E.Cl			Injured at home, farm, industry, public place (where?) Community House Means of injury tempels from triends of injury at work?		
Address  19. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19.1±.6	GO	aryland	23. SIGNATURE. Charles X	Carelly Jr M. D. o M. D. o M. D. o	

erect age PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING 9-45-15M

DEC 13 1946

### 2411 N. Charles St., Baltimore (1914)

S. S.
ol le
The
III.
ar
S >
2 8
G/2
010
tt
les
to the
o H.
of
nsn
ea ca
e it
ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and leg
e Ve
9:11
- P
0,0
as as
ole
M
7 5
al
500
100
Ph
WITH UNFAL
N H
D the
H 5
III du
W v
LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and le
25
Z :0
I b
F
Di Si
[2]
E
/R
=
回
Ø2
1
H

MARGIN RESERVED FOR BINDING

/			CERTIFICA'	TE OF DEATH	Reg. Dist. No.	10	
Hew long in above pla Hospitat, institution, 708. A How long in hospital	derick Prederick If outside city or town I ace of death? or street address where I or the Lanke or tastiution?	months death occurred t. St.		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City Of the County County Frederick  (If ourside city or town limits, write RURAL and give nearest town Street No.  (If rural, give LOCATION)  None  2.(a) If veteran, name war.			
3. (a) FULL NA	ME				3. (b) Social Security Nur	nber	
	HARLES EDW	ARD JON	ES		None		
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL C	CERTIFICATION		
Male	White	D	ivorced	20. DATE OF DEATH. Lecenber	19. A.C., at	3:00 A	
			) If alive, give ageyears	and that I last saw halive on	O ecember 4	519 46. 19 46.	
	ars Months	Days	tf less than one day	Immediate cause of death		DURATUA	
9. Girthplace  10. Usual occupation  11. Industry or buston  12. Name  13. Birthplace	Virginia Town Retired Unknown	Truck	tate)	Ove to Throng Tep  Ove to Throng Tep  Ove to Throng Tep  Other conditions Throng Tep  (Include pregnancy within a	Arilia find		
14. Maiden nar 15. Birthptace	ne Unknown			Major findings of operations.			
16. Informant	Allen i.			Autopsy results PHYSICIAN: Please underline the cause to		istically.	
	on, or removal. Which	Date there	metery (month) (day) (year)	22. VIOLENCE: if death was due to external control of the control	Date of		
Location	Wood sb	ore. Ma	ryland	Injured at home, farm, industry, public place (	(where?)	*************	
				Means of Injury	tnjured at work?		
16. Funeral director Address	C. E. C Frederi			23. SIGNATURE A Wash	Do all	m E	
19. 10 - 0	registrar)	l3	aluthy Hels.	Vardenie			



VS-A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86-0)

# CERTIFICATE OF DEATH



121111

144	0
	144

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County The Sale Sale Sale Sale Sale Sale Sale Sal	State Masy famil county Fitable Color
City or town(If outside city or town limits, write RURAL and give nearest town)	14.
How long in above place of death? 50 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long to hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Lydia Unn D	rom. none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed.	20. DATE DE DEATH December 20 19 46 at heit TAM
8.(b) Hame of husband or wife John Strang Strom	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If all ve, give ageyears	19. 46, to AC20 19. 46
7. Birth date of	and thet I last saw handlive on Que 192 1946
deceased (mo., day, jr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chronic My a Can Loles 1 gr
95 11 19nin.	
9. Birthplace Task mark Juddick Co. Bak	Oue to artific & chines 10 yrs
10. Usual accupation Returned.	2
31-	Due to accedental fall curson
11. Industry or business Nousewede.	
12. Name Stelleam Nesset	Other conditions I was from fraction
\$ 13. Birthplace Thurmant. And.	(Include pregnancy within 8 months of death)
14. Maiden name Listhurway Status.  15. Birthplace Thurmont, Md.	(include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplace Thermont. Med.	Date of op.
2. 860 124	
18. Informant delles and the state of the st	Autopsy results
Address Seacham, Ond	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or remoyal, Which?)  Date thereof (month) (day) (year)	-Accident, suicide, or homicide. Occidents. Date of Decamber Lats 1946.
(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	
Cemetery or crematory Addition But the Comment of t	Where did injury occur?
Location Thursmant 1	Injured at home, farm, Industry, public place (where?) . Ot Lawrence
n. I americant.	Meens of injury Oscidental fall. injured at work?
18. Funeral director	41 . 1. 12 . 4 . 4
Address hurmond, Ind	23. SIGNATURE Aborra h. Sully May
10 Dele 23 1046 Blanche S. Enler	M. D. or other
(Date rec'd by registrar)	Address Date signed 2/03/46



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

# CERTIFICATE OF DEATH

*		1	2	1	1	1	9
	140	L	Pep	1	Ą	V	Pop

			2	0
Rog.	Diat.	No	L.Q	

CERTIFICAT	Rog. Diat. No
1. PLACE OF DEATH: I rederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State Manufacul County Mant attraction City or inwa Manufaculta County and State (If outside city or town Ingita, write RURAL and give hearest town)
Hospital, institution, or street address where death occurred:	Street No
3. (a) FULL NAME Mrs Mable Layton	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, Wildowsd. or divorced  Murried	MEDICAL CERTIFICATION  20. DATE OF DEATH. 1944 at 94 M
6.(b) Name of husband or the Daniel M. Layton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Africa 19 1897	and that I last saw h alive on
8. AGE: Years Johns Days If less than one day H 9 7   9	Carpal Jammhage. Iwas
9. Birthplace (Town, county, evi state)	Due to.
10, Usual occupation	Due to asternas year.
12. Kame R. F. Mullenury  13. Birthplace Montgomery County	Other conditions Chamie Neghi tre
14. Malden name unknown	(Include pregnancy within 8 months of death)  Major findings of operations.
16. Informant	Actopsy results.  PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
Address Mt ary Mc A. 7. 43	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, crossation, or removal, Which and Community (month) (day) (year)	Accident, suicide, or homicide
Location Browningen les Fréderick Co.	Injured at home, farm, Industry, public place (where?)
Address Address	23. SIGNATURE a. a. Quare, M. D.
19. Q-Vel 19. Vel Lindstell Heile. (Date ree'd by registrar)  Registrar	Address Teleman Date signed

DEC 10 1946
BUREAU TA

9.45.15M

### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (13-7)

121,13,

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address, where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County
3.(a) FULL NAME Edna Grace Mai	chley 3. (b) Social Security Number
6.(b) Hame of husband or wive to the state of the state o	MEDICAL CERTIFICATION  December 6th 19 46 at P?  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) September 17, 1886  8. AGE: Years Months Days It less than one day 19	and that I last saw her DEAD December 6th 1946  Immediate cause of death  Poisoning - illuminating / hr ?
13. Usual occupation II Mome  11. Industry or business  12. Name I Amuel Courts Maryland  13. Birtholace A Woll Courts Maryland	Due Io
11. Birtholace A Wolf Country Maryland  11. Birtholace A Wolf Country Maryland  15. Birtholace A Wolf Country Maryland	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
18. Informant  Address  Address  Address  The Control of the Contr	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charsed statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (Stato)
18. Funeral director  Address  19. (Date rec'd by registrar)  Location Maryland  Registrar	Means of Injury Charles H. Conley, Jreputy Medical 23. SIGNATURE  Examiner  Frederick, Maryland  Date signed

DEC 10 1946
BURHAU V &

2411 N.	Charles St	., Balt	more 19	).
CERTIFI	CATE	OF	DEATI	H

	1	91	11	112	0	0
Reg.	Dia	t. No		נג	7	0

				13(/		
1. PLACE OF DE	Fred	erick		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
CountySts		***********************	ferviend	state Maryland County		
City or town(If	outside city or town ii	mits, write RURAL	lary land			
	e of death? Sin		3/40	City or town Baltimore (If outside city or town limits,	write RURAL and give nea	rest town)
Morrel one	r street address where  Tubercu	death occurred:	natorium	Street No. 1008 E. Federa	***************************************	
maryram	or institution? Sin	10519 00	0/16	(Ifrural, give		,
		00 14/ 17	77.40	2.(a) If veteran, name war	1	
3. (a) FULL NAM John	n McKittr	ick			3. (b) Social Security 575-03-6	
4. Sex	5. Color or race	6.(a)Single, marri	ied, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Widow	ver	2D. DATE OF DEATH December 2	19 46	6:45P
	or wife			21. I CERTIFY that death occurred on the date above November 19	e stated; that I attended dece	ased from
T Bt-th date of		6.(c) It ali	ive, give ageyears	and that   last saw h im alive on Dec	ember 2	, 46
deceased (mo., day,	yr.) Januar	y 8, 189	92	Immediaia cruse of death		DURATION
8. AGE: Year		21	less than one dayhrsmin.	Pulmonary Tubercu		8 Mos.
9. Birthpiace	Machin	county, and state)	nnsylvania	Due to.		
11. Industry or busine	\$8			Due to		
	Lawrence	McKittr	rick	Dither conditions		
12. Name	Irel	and				
H 14. Maiden name	Flincho		) <b>y</b>	(Include pregnancy within 3 m		
15. Birthplace	Irel	and		major madage of optioned		
16. Informant	Decease	đ		Autopsy results		
Address	Cuparto Burist	12/4/46	Halmown	22. VIOLENCE: It death was due to external cause	ses, till in the following;	
(Burial, crematio	n, or removal. Which?)	Date thereof	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	lory Holy 1	nknown /	excesser	Whera did injury occur?	(County)	(State)
Leadier	A.A.	nknown /9	altemen. Prd.	Injured at home, farm, industry, public place (wh		
Location	M. L.	Creager	& Son	Maans of injury	Injured at work?	
16. Funeral director		nt, Mary		R 6 Ane		
12/1	1//	/nb/		23. SIGNATURE	M D	<b>******</b>
19. (Date rec'd by r	/(619	- ANS	Registrar	Address State Sanatorio	im, Md. Bale signed.	12/3/46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correspecially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

RLEASE

HOUSE EN THE TIME date 614 walls S real on RI summer von

. W. W. Williams was presented the RECEIVED DEC 4 1946 BUREAU IS

appearance and and resident action

72 Oct 107 Tool 1 arms Argestiants .....

,

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

11.4	Reg. Dist.		12	15
M.	Rog. Dist.	No		2

1. PLACE OF DEATH: 7 rederick	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Flacurity	
(If outside city or town limits, write EURAL and give nearest town)	4
7	City or town (If outside city or town limits, write RURAL and give nearest town)
llow long in above place of death?	Tin the sil Carlance
510 Frail avenue	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
	chael none
0 ) 40.000	
	MEDICAL CERTIFICATION
I W married	20. DATE OF DEATH blecember 29 19 46 at 5 a. M
austin L. michael	21. I CERTIFY that death occurred on the date above stated; that J altended deceased from
5.(o) Name of nuspang occurs.	Dec 29 1946 10 Dec 29 1946
7. Birth date of	and that I last early alive on Dec. 29 1946
deceased (mo., day, yr.) Sept. 19-1877	Immediate cause of death
8. AGE: Years Months Days If less than one day	anul genul
69 3 10min.	Cereps Hemmanye Koma
3. Birthplace Frederick Co. many land	Due to Carteria i Cleroni
(Town, county, and state)	
10. Usuzi occupation	Que to Dyserting
11. Industry or business Home	
	Other conditions angains Interes years
12. Name Edward F. Ramsburg  13. Birtholace Frederick Co. Ind.	
	(Include pregnancy within 3 months of death)
14. Malden name Ethetta J. Hargett  15. Birthplace Frederick Co. md.	Major findings of operations. Land
	Date of op.
16. informant austin L. Michael	Antopsy results. There
Address 510 Frail ave - Frederick - md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 '0 - 21 10111	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, commelion, or removal, Which)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or grownton mt. alivet Cemetery	Where did injury occur?
Location - Frederick - Ind.	Injured al home, farm, Industry, public place (where?)
18. Funeral director. C. E. Cline and Son	Means of Injury Injured at work?
2	$\alpha \alpha $
Address Frederick met.	23, SIGNATURE. M. D. or other
19.30 Dec 18.46 Elizabeth y Heck	Address Frederick, Md Date signed 12/3 v/46
(Dato ree'd by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH CINFADING INK. Supply every item of information carefully. The corect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M VS A15

JAN 7-1947

BUREAUTE

1-35

In. a. a. Peane

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (416)

### CERTIFICATE OF DEATH

	1
	12/1
Reg. Dist. N	1210

CERTIFICA	Reg. Dist. No.	
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
City of town	State Maryland County Treeling Mary Mary Mary Mary Market MA (If outside city or town limits, write RURAL and give nearest town)	*****
Hospital Institution, or street address where death occurred: Hospital	Street No. (If rural, give LOCATION)	
How long to hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Mrs. anie V: m	3.(b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, merriad, widowed, or divorced	MEDICAL CERTIFICATION	
Female white widowed	20. DATE OF DEATH Dec. 28 1945 at 8 A	4.
B.(b) Name of husband or wife. U that are a first than a	21. I CERUFY that death occurred on the date above stated; that taitended doceased from	3
7. Birth date of deceased (mo., day, yr.) March 16 - 1869	and that I last saw h 2 alive on 20028 19.4	_
8. AGE: Years   Months   Days   If less than one day   12	Carcinomas Stomach 191	~
9. Birtholace Frederick Co. Md.	Due to.	
10. Usual occupation was wife	Due to.	
11. Industry or business		
12. Name William H. Haward  13. Sirthplace Frederick Co.	Other conditions Exheurition Image	伍
14. Maiden name Ellew R. Culler.  15. Birthplace Frederick Co	(Include pregnancy within 3 months of death)  Major fiadings of operations.	
15. Birthplace Frederick Co	Date of op.	
16. Informant Mrs. Lester Marchart art March Comb	Autapsy results	
17 Burial Bate thereof Dec. 30 - 1946	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide	
(Burial, cramation, or ramanal Wilsh)  Cemetery or cramation Mt. Olivet Cemetry	Where did injury occur?	
Location Strederick and	Injured at home, tarm, industry, public place (where?)	
18. Funeral director. C. & Clinic Son	Means of Injury Injured at work?	
Address Frederick Maryland	23. SIGNATURE H Laurence Fahrney M. D. or other	
(Date rec'd by registrar)  (Date rec'd by registrar)	Address Frederick Mol Date signed 1228	44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15M



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

A	

 - Pu - N	10	1
 	15	/

12107

.Date signed 12 - 11 - 46

ICAL	Reg. Dist. No	· · · · · · · · · · · · · · · · · · ·
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Md. County Freder	ماح
wn)	(If outside city or town limits, write RURAL and give nea	rest town)
	Street No	.,,
	2.(a) It veteran, name war.	
	3. (b) Social Security	Number
d	MEDICAL CERTIFICATION	P
	20. DATE DE DEATH DEC 10 19.46	,al 5 /
******	21. I CERTIFY that death occurred on the date above stated; that lattended decea	sed from
years	and that flast saw h Am alive on Alc 10	
	Immediate cause of death	DURATION
min.	Brenchial Tuesemonia.	
14.	Due to Trees	
	Due to	
	Other conditions	
-	(Include pregnancy within 8 months of death)	
**********	Major findings of operations	
	Autopsy results	statistically.
11	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
46 (ear)	Accident, suicide, or homicide	***********************
tery	Where did injury occur? (City or town) (County)	(State)
, (	tnjured at home, farm, Industry, public place (where?)	
	Meens of Injury Injured at work?	
	13/Lab ma	
0.	23. SIGNATURE M. D.	or other

correct age

MARGIN RESERVED FOR BINDING

low tong in above place of Hospital, Institution, or s	street address where	death occurred	d: .1 \	
Frederis	cle City	Hosp	retal	
How long in hospital or	Institution?	Days		
3. (a) FULL NAME				
01	1. 0	M.	15011	
4. Sex	5. Color or race	8.(a) Sing	e: married, widowed, or di	vorced
Male	white	M	zyriad	
6.(b) Name of hueband o	or wite Huld a	E.	Hosen	
		6.(	c) It alive, give age	3 ( years
7. Birth date of deceased (mo., day, yr	D.4	44	1911	
8. AGE: Years		Days	If less than one day	
35	6	6	hrs	min.
13. Birthplace	pha Ti	Mo	sel.	۲.
15. Birthplace	Hidro	Sxill	e Md	1
16. Informant. H	148 E	· Mi	e 1 Md	
Address M.	ddlet	000	willy	
11 Buyis (Burial, cremation,	or removal, Which?	Date the	(month) (day	-46 (year)
Cemetery or <del>cremator</del>	riessa	(X I)	EM LEM	ce ter
Location Day		will	e Me	1.
18. Funeral director	Plsgr	1) 1-	Wo.	
Address M	ddle	Lace	- Mc	7.
1 . A	1946	CI	4. L'aller	0.

RECEIVED

DEC 19 1946

8 7 6 6 7 3

2-35

PLEASE

Egidence for the change of age is shown on	MARYLAND STATE
No. 108 DEC 11 1946	CERTIFIC
1. PLACE OF DEATH: County Frederick City or Frederick (If outside city or town limits, write)	

3. (a) FULL NAME

4. Sex

7. Birth data of

8. AGE:

deceased (mo., day, yr.)

Hospital, institution, or street address where death occurred:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. C



	E OF DEATH	Reg. Dist. No. 131			
		County Frederick			
6	Street No. 132 West	t Third Street (If rural, give LOCATION)			
		3. (b) Social Security Number None			
	MEDI	CAL CERTIFICATION			
	20. DATE OF DEATH. DOC	ember 3, 19 46 at 1:15R			
years	21. I CERTIFY that death occurred on and that I lost saw halive or Immediate cause of death	Jeceph 3g			

1	11	- 6	1.	**	OG		***************************************
9	Riethnia N1		Mi	ddleto	own-Fr	ederick	-Maryla
٥.	On tubiaco			(Town	, county, and a	state)	
				Onergt	- pd Co	THE PART OF	

July 13, 1868

MAURICE ELMER MOTTERN

Florence Poole

6.(a) Single, married, widowed, or divorced

.6.(c) If alive, give age ..

II less than one day

Frederick City Hospital
Since November 11,

10. House accupation.

11. Industry or business Robert Mottern

Frederick County Maryland

Sarah Shaffer

Frederick County Maryland

Mrs. Ethel Pickett

Address 132 W. 3rd St., Frederick, Md.

Oate thereof. 12/5/46 (mouth) (day) (year) Burial (Burial, cremation, or removal. Which?) Mount Olivet Cemetery Frederick, Maryland M. R. Etchison and Son

Frederick, Maryland

(Date rec'd by registrar)

Registrar

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Whare did injury occur? .....(City or town)

injured at homa, farm, industry, public place (where?) ... Maans of Injury

Frederick, Maryland

Injured at work?

Date signed 12-4-46

RECEIVED

DEC 6 1946

BUREAUTS

1-35

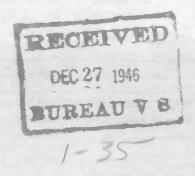
1	N.	Chartea	St.,	Battimore	93-2
---	----	---------	------	-----------	------

			2	_		1 000	
Reg.	Diat.	No		/	4		

CERTIFICAT	E OF DEATH Reg. Dist. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RUMAL and give nearest town)  Sireet No.  (If rural, give LOCATION)  2.(a) If veteran, name war
(BERTHA CLARA	Mount 3. (b) Social Security Number
Temale White 6.(a) Single, married, widowed, or divorced White Widowell	MEDICAL CERTIFICATION  20. DATE OF DEATH Secender 23, 18, 46, 2121
8.(b) Name of husband or wife Albert 11. Mount Alleused 6.(c) It allve, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18. 4 6 to Like 2.3 19. 4  and that I last saw h. 18. alive on Like 2.2 2. 19. 46.
deceased (mo., day, yr.)	Immediate cause of death Jayannia DURATION
9. Birthplace Than I Games (6. Md.	Due to Pyelo capatitis 10 d
10. Usual occupation	Due to
12. Hame Garses S. Frish  13. Birtholace Mary Lewel	Diher conditions Chr. Mysecarditis 6 yrs 13 ronelintasis 20 yrs
14. Maiden name Pls Melleis J. Batter  15. Birthplace Mary land	(Include pregnancy within 8 months of death)  Major findings of operations
16. informant Muss: Olive Mount Address MX. aire MA.	Autopsy results
17. Burial (Burial, eremation, or removal. Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Table Lave	Where did injury occur?
Location flot UNY Shilling Children	Injured at home, farm, Industry, public place (where?)
Address Was July Md.	and of will
19. Les J. 4 19. 46. Blasser A. Resides (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address Metaury — M. Date signed 12/24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



A15 SA

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (1762) CEDTIFICATE OF DEATH

1210

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother) FREDERICK.  State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Frederick City Hospital	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MINDLEY - MURRAY	None
MAIC White MARRIED  M	MEDICAL CERTIFICATION  2D. DATE OF DEATH FC 2 10 46, at 12, 30 P.
6.6) Name of husband or wife EDITH KINDLEY	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	19
7. Birth date of deceased (mo., day, yr.)  April 10 1883	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of desti
63 7 22nrsmin.	Verfratet Bastuc Ulcer 2 days
9. Birthplace Trederics (Town, county, and state)	Due to
10. Usual occupation Retired	
11. Industry or business School Bus Overstore	Due to
12. Name J. Newton Kindley  13. Birthplace MARY/And	Other conditions Letas V'neumi 3 Leze
	(Include pregnancy within 3 months of death)
14. Maiden name. Nellie B. Norris  15. Birthplace MARY/AND	Major findings of operations And
2 15. Birthplace MARY/AND	
18. Informant Mas. Edith Sindley	Autopsy results home
Address New Market md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burki A   Oate thereof 12-4-46 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burlat, gramation, or removal, Which?) (month) (day) (year)  Cemetery or cromatory (COUIDENCE	Where did injury occur? (City or town) (County) (State)
	(City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
Location Acomp Towa Mary In No	Means of Injury Injured at work?
18. Funeral director	a a a m x
Address Winfield, Ma	23. SIGNATURE a. A. C. Cearse M.D.
19. 3 Dec 19. 46 Elizabeth J. Hech.  (Date rec'd by registrar)  Registrar	Address Sudnik Md Date signed

AND THE STANDS OF SHIP THE

DEC 6 1946

BURRAT 13.

1-35

MARGIN RESERVED FOR BINDING

ect age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/2)

# CERTIFICATE OF DEATH

1611

Reg. Dist. No. 13 0

1. PLACE OF DEATH:  County  City or teste  (If outside city or fown limits, write RURAL and give nearest town)  How long in above place of death?  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State
Beharles m. Interes	3. (b) Social Security Number
4. Sex 5. Color or rate 6.(a) Single, married, without or divorced  Mall Married  6.(b) Name of Substant or wife Susan E. Susan E	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Sirth date of deceased (mo., day, yr.) 3 1865	and that I last saw h Line alive on 12-9 1946
8. AGE: Years Months Bays It less than one day  12 6	Due to
14. Maiden name Garlasa E Brannermann.  15. 9irthplace Firederias Brain 3	Major findings of operations.
16. Informant Jusa Susan hysers &	Antopsy results
17	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Doctors Coro	Injured at home, tarm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
19. 10 — 19. 46. Chialette Hale.  (Date rec'd by registrar)  Registrar	23. SIGNATURE U. G. Bourne Sy M. D. or other Address Find Date signed 12/10/45

STEAM TO ST. 7

RECEIVEL. DEC 11 1946

BURTAT

correctage)

5	
DINDI	
t DI	
FOI	
UE A	
KESERVED	
MAKGIN	
Z	

important.

PLAINLY, v is especially

WRITE

EASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)



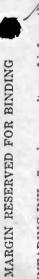
1200 0

### CERTIFICATE

E OF DEATH	Reg. Diat. No.	
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of mo	other)	
State Mary Land County	Freder	of
City or town livits, via town livits, vi	write RURAL and give near	rest town)
Street No	OCATION)	
2.(a) If veteran, name war		
( Myers	3. (b) Social Security 1	Number
MEDICAL CER 20. DATE DF DEATH. 14 Decude	RTIFICATION	3.50P
21. I CERTIFY that death occurred on the date above  19	slated; that I attended decea	
Immedia cause of death		24 his. (?)
Due to Dishetts mell	ils	5 yrs (1)
Due to		
Other conditions		***************************************
(Include pregnancy within 3 mo	nths of death)	
Major findings of operations	Date of op	
Antopsy results	h death should he charged	otatistically.
22. VIOLENCE: If death was due to external cause	s, fill in the following;	
Accident, suicide, or homicide		******
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (when		
Mason of Inhora	Injured of work?	

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Hospilai, Institution, or street address where death occurred: How long in hospital or Institution?..... 3. (a) FULL NAME 5. Cefor or race 6.(a) Single, married, widowed, or divorced 4. Sex 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) If less than one day Months Days 8. AGE: .....hrs. 9. Birthplace (Town county, and atate) 10. Usual occupation 11. Industry or business 13. Birthplace 14. Malden na 15. Birthplace 16. Informant Address Date thereof. (mopth) (day) (year) 1B. Funeral director Address 23. SIGNATURE. (Date rec d by segistrar)





VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH



12113 Reg. Dist. No. 14/1

-			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)  State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)	BYONSWICK		
How long in above place of death? 11 Months	(If outside city or town limits, write RURAL and give nearest town)		
Hospital inclidation or street address where death occurred: 409 Brunswick Street.	Street No. 409 Brunswick St.		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
William Litten M	vers.		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MW	20. DATE OF DEATH WILE IX 195/6 at 9 A M		
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that f atjunded deceased from		
8 (c) If alive tive are weare	Wee 12 1946 to Nec 12 1946		
7. Birth date of deceased (mo., day, yr.) Jan. 11, 1946	and that f last saw have allve on the last saw have allve on the last saw have allve on the last saw have all last saw h		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of desth		
brs,min.	X Alumond 18 day		
9. Birthplace Brunswick Fred. Co. Md. (Town, county, and state)	Due ta Lo Dav		
10. Usual occupation			
11. Industry or business	Due to		
12. Name James B. Myers Jr.  13. Birthplace Bruns wick Maryland	Other conditions		
14. Malden name Amma Lucille Litter  15. Birthplace Keyser, W. Virginia	(Include prognancy within 8 months of death)		
\$ 15. Birthplace Keyser, W. Virginia	Bate of op.		
16. Informant James B Theyers Ir	Autopsy results.		
Address 469 Brunowick & Bounavick M	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
. Burial De 14. 1946	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)  Dale thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crametery Karks Heights	Where did injury occur?		
Location Drunswick Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director Lesse 5. Daily	Means of Injury Injured at work?		
Address 320 W. Potomac St. Brunswick	March hil		
12-12 11/0 1.10	23. SIGNATURE M. D. or other		
(Date ree'd by registrar)  19 7 Cuganta Ot. Zunke	Address Date signed 30396		

BELIARD OF THE TRACES STATE OF STATE

STARRED OF TANKETE

# (H)

# CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For oewborn in antis give esidence of mother)
(If outside city or towo limits, write RURAL and give nearest town)	State Mangaela Bourge A fleature
How long in above place of death?	(If outside city or town limits, waste RURAL and give nearest town)
Hospital, institution, or street address where death accorded:	Street No 231 Earl 6th
mergency Aufilal	(If rural, give LOCATION)
How long in hospital or lastitution? # W. 203	2.(a) If veteran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
Harry curestian	None
4. Sex 5. Color of face (a) Siagle, married, widowed, or divorced	MEDICAL CERTIFICATION
That Muce Michower	20. DATE OF DEATH. Securber 5, 18 46 at 80
man Wetter	20. DATE OF DEATH
6.(0) Name of historia or wive	21. I VERIFF 1 that death occurred on the date above stated; that I ariended deceased from
7. Birlh date of	ears and that I last saw warme on Seecucher 5 19 46
deceased (mo., day, yr.) / May 19, 18/0	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Julianery Consesterie & Land
10 10 mg	ain.
8. Birthpiace Sallewerk Marfaced.	Due to
(Toyn, ginty, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Julieux Mickel  13. Birthples Elevanies	Other conditions Characia majocarlites 10700
\$ 13. Birthologo Gerdeaucy	(Include pregnancy within 8 months of death)
불 14. Maiden name Unknown ?	
15. Birtholace \ / . Unknown	Major findings of operations.
Municipal to dec	Date of op.
16. Information	Autopsy results
Add Mergine Frep. Vilall. One	22. VIOLENCE: If death was due to external causes, fill in the following;
Buria, (Burial, cremation, or removal. Which?)  But thereof 12/9/46 (month) (day) (year)	Accident, suicide, or homicide
Loudon Park Cemetery	
Baltimore, Maryland	Where did Injury Occur?
SVERIUM ACCORDANCE CONTRACTOR CON	Injured et home, farm, Industry, public place (where?)
18. Funeral director M. R. Etchison and Son	Mesns of injury Injured at work?
Address Frederick, Maryland	XHYO: M. D.
1 1000 III Bli D Am little D	23, SIGNATURE M. D. or other
19. (Dute rec'd by registrar)  Registr	Englandarial Managiand 196.46
	Sarc algue

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC 9 1946

Herma Chrochen Make

Far Soil at.

M. D. or other

.Date signed......

## DEATH

CERTIFICAT	E U
1. PLACE OF DEATH:	2. USI
county Fredericas	-
City or town limits, write RURAL and give nearest town)	State
How land to show since of death? 4 lead	or
Hospital, Institution, or street address where death occurred:  The deficient occurred:  How long in hospital or institution?	Street A
How long in hospital or institution?	2.(a) if
2 (a) FULL NAME	
In alle Tearse	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or directed	
F White Married	2D. DATE
7. m 11 P	21. I CE
	21.160
7. Birth date of deceased (mo., day, yr.) Feb 29 - 1892	and that
8. AGE: Years   Months   Days   If less than one day	Immedia
54 9 28hrsmin.	
9. 6irthplace Q 2/ OT S town ? UC)	Due fo
10. Usual occupation.	Due to
11. Industry or business	Due to
12. Name 1771/074 Elfick 77207	Other co
13. Birthplace	**********
14. Maiden name Sollie 8 pring	
15. Birthplace	Major fi
16. Intermant WTD H PEOTT &	Actopsy
Address Clay 15 Shurg, Md.	PHYSIC
17. 3. 44. Y. d. Date thereof. DEC. 3.0. 19.46 (Burtul, crametion, seasonal, Whichi)	22. VIO
(Burial, crametion, second, Whichi) (month) (day) (year)	Accident Where d
Cemetery or crometery 177.e 1.17.04.18. f	Musik a
Location Clarkshurg, Md	Injured a
18. Funeral director Williams The 18 Hilton	Means o
Address Barnesville Md	
10 28 Dec 1046 Elizabette & Heck	23. SID
(Date rec'd by registrar)	Address.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Monta
State Mar Jand County Mon Government of Corns Government (If outside city or town Ilmita, write RURAL ap) give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war
3. (b) Social Security Number
MEDICAL CERTIFICATION
10
2D. DATE DE DEATH DIC 27 1946 01/0 P
21. I CERTIEN that death occurred on the date above stated; that I attended deceased from  2 7 19 46, to Dec. 2 7 19 4  and that I last saw here alive on Dec. 2 7 19 4.
Immediate cause of death
acute Cornay Thronbows 9 km
Due to.
Due to
Other conditions of the ty
(include pregnancy within 3 months of death)
Major findings of operations. August
Aotopsy results. And
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide
Where did injury occur?
Injured at home, farm, Industry, public place (where?)
Means of Injury Injured at work?
C. C. A
(1. (1 There M.D.

MARGIN RESERVED FOR BINDING

WHIT UNFADING INK.

important.

WRITE PLAINLY, is especially

PLEASE

The correct age

ADING INK. Supply every item of information carefully. The cophysicians: please write the causes of death clearly and legibly.

9-45-15M

A15 SA



VS

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 550

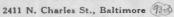
# CEPTIFICATE OF DEATH

			CLICITICA	Reg. Diat. No.
1. PLACE OF DE	ATH: erick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
How tong in above place	derick-Ri outside city or town line of death? 1 Years street address where	nits, write R	R. F. D. #1 URAL and give nearest town)	State Maryland County Frederick Frederick-Rural R. F. D. #1  (If outside city or town limits, write RURAL and give nearest town)  Near Frederick  Street No. Near Frederick
***************************************	rederick			(If rural, give LOCATION) None
3. (a) FULL NAM	E ALTA ]	. PUI	CMAN	3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced-	MEDICAL CERTIFICATION
F	W		M	20. DATE OF DEATH 950. 28 1946, at 3:30A
6.(b) Name of husband or Roy G. Putman  6.(c) It alive, give age 64  7. Birth date of December 31, 1891				
8. AGE: Year	s Months	Days 27	If less than one dayhrsmin	Immediate cause of death OURATION
9. Birthplace Mt. Pleasant-Frederick-Maryland (Town, county, and state)  10. Usual occupation At Home				Due to
11. Industry or business    12. Name   William F. Duvall     13. Birthplace   Frederick County Maryland     14. Maiden name   Minnie Kemp     15. Birthplace   Frederick County Maryland     16. Informant   Roy G. Putman			nty Maryland	Other conditions
t6. Informant. Roy G. Putman  Address R. F. D. #1, Frederick, Maryland				Actupsy results
Burial    Burial   Date thereof   12/30/46				22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director M. R. Etchison and Son				Injured at home, tarm, tndustry, public place (where?)  Means of injury  Injured at work?
Address Frederick, Maryland  19. 30 - Dec 19. 46 Elizabeth y tech (Date rec'd by registrar)  Registrar				23. SIGNATURE M. D. or other  Address Franklessell M. D. are signed Franklessell M. D. or other

DEC 31 1946

VS A15

BEADVE AND	CTATE	DEPARTMENT	OF	LICALTI
MAKYLAND	STATE	DEPARTMENT	Ur	HEALI

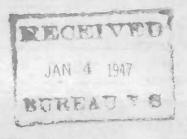




Reg. Diat. No....

### CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County / Tua.	
City or town	State
How long in above place of death? 3 900	City or town
Hospital, institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME ara Pearl Remobin	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Manced	20, DATE DE DEATH DECEMBER 1 19 7.6 21 9 P. M
6.(b) Name of husband or wife Jacob M. Benushing	21 DCERTIFY that death occurred on the date above stated; that I attended deceased from
1	19 46 to all c 1 19 46.
7. Birth date of	and that I last saw h
deceased (mo., dsy, yr.)	Immediais cause of death
8. AGE: Years Months Days If less than one day	Chreleral Thombrone 2 days
60 7 //hrsmin.	
	18 to account land
9. Birthplace(Town, county, and atate)	Due to
	delala
1D, Usual occupation	Due to
11. Industry or business	
12. Name Mulling Classification 13. Birthplace Mary End	Dther conditions
13. Birthplace Mary End	
a al the Poul	(Include pregnancy within 3 months of death)
14. Maiden name Marylord .	Major findings of operations. Now
E 15. Birthplace Maryland	Date of op.
18. informant Jacob In Remobile	Antopsy results. Now
(m+ 1 = 1 m -1 1	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Mr. Clary Mag.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial fremation, or removal, Winch?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Alalahalaha	Where did Injury occur?
will Meddlelow Mil.	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director. O Titled	
Address / Sumswach Md	23. SIGNATURE AL SOCIAL TOO MAD.
Wee 2 . 46 Process H Fabrons	Ma Market Market
(Date rec'd by registrar)  Registrar	Address Date signed



2-35

STATE OF MARYLAND	-CERTIFICATE OF DEATH 12118
1. PLACE OF DEATH	(BFa)
County Frederick	Registration Dist. No. 13
Village or City Frederick, Md.  Length of residence in city or town where death occurred yrs.  Hb.jah Seal  2. FULL NAME Bige Sea 1	No. Frederick City Hospitst, Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  nos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.  If U.S. Veteran specify WAR.
(a) Residence: No. R. F. D. Gaithersbur (Usual place of abode)	CgSt., Ward.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OR RACE   S. SINGHE MARRIED WIDOWETT	MEDICAL CERTIFICATE OF DEATH
Male White OR DAYORCED (Write the word) Married	21. DATE OF DEATH  December 4 1946  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Seal	22. I HEREBY CERTIFY, That i altended deceased from  January 19 35 to December 4 19 46
6. DATE OF BIRTH (month, day, and year) 9 April 1881	i last saw him_alive on December 3 19 46; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) occupation.	were as follows: Cardio-vascular-renal disease 1931  Hypertensive heart disease 1936  with chronic nephritis  (terminal uremia)  Left hemiplegia 6 mos. as
12. BIRTHPLACE (city or town) Tenn. (State or country)	Other Contributory Causes of Importance:
13. NAME Frank Seal	
13. NAME / Sank Deal 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
15. MAIDEN NAME Puth Cantivell 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL Place for the County Date 76/46, 19	Manner of Injury
19. UNDERTAKER_Roy. W. Barber, Laytonsvill (Address)	
20. FILED 5 Dec , 1946 Elizabeth y. Hech Registrar.	(Signed)
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. Mo. 1.

V. S. No. 1

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy DEC 9 1946	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis R A T S .	3 days ago
		an arme special	
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Correct hame abijah Deal.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (350)

### CERTIFICATE OF DEATH

12110 Per Dist No. 1310

1. PLACE OF DEATH: County Frederick  City or term Frederick  (If outside city or town limits, write RUNAL and give nearest town)  400 long in above place of death? 20 Years  Hospital, Institution, or street address where death occurred:  185 West All Saint Street  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City or town. (If outside city or town limits, write RURAL and give ocarest town)  Street No. 185 West All Saint Street  (If rural, give LOCATION)  None  None
3.(a) FULL NAME WILLIAM PATRICK SEWELL	3. (b) Social Security Number None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M C M	20. DATE OF DEATH. December 10, 19 46, at 6:30,
6.(b) Name of Austrand or wife Lee Virginia Littles  6.(c) If alive, give age 60  7. Birth date of deceased (mo., day, yr.) March 15, 1871  8. AGE: Years Months Days If loss than one day 75 64 8 26 hrs. min.  9. Birthplace Frederick County Maryland (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name Basil Sewell  13. Birthplace Frederick County Maryland  14. Maiden name Harriett Stewart	and that I last saw h and alive on Dec. 10 19.46  Immediate cause of death. DURATION  Cere Great Heamontage Tology  Bue to.  Other conditions  (Include pregnancy within 3 months of death)
15. Birthplace Frederick County Maryland	Major findings of operations.  Date of op.
16. informant Mrs. William P. Sewell Address 185 W. All Saint St., Frederick, M	Antopsy results
Burial Date thereof 12/13/46  (Burial, cremetton; or removal, Which)  Cemetery or crematury. Simpsons Chapel Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location New MARY + , Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. M. R. Etchison and Son	Means of injury injured at work?
Address Frederick, Maryland	23, SIGNATURE U. G. Bourne, & M. D.
19 1- Dec 19 Hb Elizabeth & Hade.  (Date rec'd by registrar)  Registrar	Address Tre Louis med Date signed (2/11/4)

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

7S A15 9.4

PEFASE WRITE PLAINLY, WITH UNF is especially important.

DEC 12 1946

En . 1-35.

where.		-	
	iat. No.		/
Reg D	ist No.	_	All Parks

	TE OF DEATH Rog, Dist. No.
1. PLACE OF DEATH: County Fredrick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Rural, Emmitsburg, Md.  (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Fredrick
How long in above place of death?	City or town Rural (If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Sireel No. Emmitsburg R.D.#3 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Olley Emma Grace Sheeley	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fm white Married	20. DATE OF DEATH & LE 4 1946 217 30 A 1
6.(b) Name of husband or wife Oliver Sheeley	21. I CERTUS that death occurred on the date above stated; that Pattended deceased from
7. Sirth date of November 17 1070	Seft 156 Dec 4 10 FB
7. Sirth date of deceased (mo., day, yr.) November 17, 1878	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Chronic myscardetis 2 year
1	On taken called all a conden
9. Sirthplace	Duo to Care Care Care Care Care Care Care Care
1D. Usual occupation Housewife	
11. Industry or business	Due to
	Dther condilions.
Samuel Wetzell 12. Name Unknown	
E 14. Maiden name Hettie Martha Baker	(Include pregnancy within 3 months of death)
14. Maiden name Hettie Martha Baker 15. Birthplace Unknown	Major findings of operations.
	Date of op.
16. Informant Malous & Leeley	Actorsy results
Address Emmitsburg, Md.R.D.#3	
burial Date thereof Dec 7, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide,
(Burial, cremation, or removal, Which?)  Mt V1ew	
Cemetery or crematory	Where did injury occur?
Emmitsburg, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. S. L. Collision	Means of Injury Injured at work?
Address Emmitsburg Md.	23. SIGNATURE N.T. Coelle M.D.
19. Det la 1944 M. F. Shuff (Date rec'd by registrar)  Registrar	Address Questibering MD Date signed 12-6-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

DEC 10 1946
BUREAU V.S.

1-35

SIR US TO SERVICE THE RESIDENCE OF THE SERVICE OF T

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CEPTIFICATE OF DEATH

		. 1	2	1
Reg.	Diat.	No.	J	0

CERTIFICAT	Reg. Diat. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State		
Hospital, institution, or street address where death occurred:	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION		
Formale White Simple	20. DATE OF DEATH. Dec. 3.0. 19.4 6 , 21.5.00 A	L.M	
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	*******	
7. Birth date of deceased (mo., day, yr.) March 9, 1888	and that I last saw h. C.V. allive on Dec - 29 18.4	_	
8. AGE: Years   Months   Days   If less than one day	Immediais cause of doath OURATION Zay		
58 9 11hrsmin.			
8. Birthplace Middle Lown Frederick G. Md.	Due to	0 - * * 0 - * 1	
10. Usual occupation Housekeepen	Due 10.	******	
11. Industry or business	008 10.	******	
12. Name do State Dio-Smith	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Laska Wilson  15. Birthpiace Widdle Lawn, Md.	Major findings of operations		
	Date of op		
16. Informant Moutexue Hospital	Aotupsy results		
Address Frederick Md.		-	
17. Buyid Date thereof 1-2-47 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide		
	Where did injury occur?		
Location Middle town, Md:	tajured at home, tarm, industry, public place (where?)		
18. Funerat director & A. d. L. C.	means or injury		
Address Middletown, Md.	23. SIGNATURE Bernard Human I'm D.		
19. Ja 2 1947 Elizaletta J. Hech. Registrar	Address Ledenck, M. D. or other  Date signed See - 30,	194	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

JAN 3 1947 BUREAU V B

1-35

			CERTIFICA	ALE OF DEATH
City of Lower Freder (If outside (If outsi	rick eity or town limit th? 20 y address where dea Avenue	ears.		State Maryland County  City or term Frederick (If outside city or town limits, write street No. 231 Dill Avenue
	plor or race		e, married, widowed, of divorced	MEDICAL CERT
Female Wh	hite	1	Widowed	20. DATE DF DEATH December 17
7. Birth date of deceased (mo., day, yr.)		6.(	c) If allive, give agey  1870    If less than one day   hrs.	and that I last saw him alive on 17 2  Immediate cause of death
			County, Md.	
	iam H. Kr	antz		Other conditions
	ederick ( lice Baye ederick (	Count Count	y, Maryland antz v. Maryland	(Include pregnancy within 3 mont
	Russell S			PHYSICIAN: Please underline the cause to which
17. Burial (Burial, ecamation, or recommend) Cemetery or ecametry Location	Mount 0	Where did injury occur? (City or town) Injured at home, farm, industry, public place (where		
48 Franci discolor	C. E. C.	Means of Injury		

Frederick, Maryland

(Date rec'd by registrar)

Registrar

EASED: Frederick RURAL end give nearest town) TION) (b) Social Security Number None IFICATION 19 46 at 7:00 P. M DUBATION of death) ath should he charged statistically. Il in the following; (County) (State) Injured at work?

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore	940
--------------------------------	-----

CERTIFICA	TE OF DEATH  Reg. Diat. No.		
1. PLACE OF DEATH: County Frederick Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Frederick  City or test (If outside city or town limits, write RURAL and give neerest town)  20 West 12th Street  (If rural, give LOCATION)		
(If outside elsy or town limits, write RURAL and give nearest town)  Now long in above place of death?  Hospital, institution, or street address where death occurred:  Frederick City Hospital			
How long in hospital or instilution? 3 Hours	2.(a) If veteran, name war. None		
3.(a) FULL NAME CHARLES MICHAEL SOUDER	3. (b) Social Security Number None		
4. Sex   5. Color or race   6.(a) Single; married, widowed, or divorced  M	MEDICAL CERTIFICATION  20. DATE OF DEATH. 104 6 at 5 5 M		
8.(b) Name of bushend or wife Dora V. Titus  5.(c) It alive, give age 66 years  7. Birth date of deceased (mo., day, yr.) July 28, 1875	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from  19.46. to 19.4.6  and that I last saw h		
8. AGE: Years   Months   Days   It less than one day	Corocacy Chromboses 7 her		
9. Birthplace Lovettsville-Loudoun-Virginia (Town, county, and state) Retired Farmer	Due to		
11. Industry or business  12. Name John W. Souder  13. Birthplace Loudoun County Virginia	Other conditions		
Susan James  14. Malden name. Susan James  15. Birthplace Loudoun County Virginia	(Include pregnancy within 8 months of death)  Major findings of operatious		
18. Informant Mrs. Dora Souder Address 20 W. 12 St., Frederick, Md.	Autopsy results		
Burial Date thereof 1/2/47 (Burial, cramation, or removal, Which) Date thereof (month) (day) (year)  Cemetery or crematory Union Cemetery	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		
Location Lovettsville, Virginia  18. Funeral director. M. R. Etchison and Son	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?		
Address Frederick, Maryland  19.3. Dec. 19. He Elizabeth & Tech. (Date rec'd by registrar)  Registrer	23. SIGNATURE Mellique Schraeffer  M. or other  Address Draleich, M. Date signed Le 30 4		

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important. PLEASE

age

VS A15

JAN 2-1947 BUREA

# MARGIN RESERVED FOR BINDING

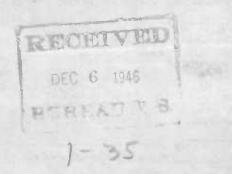
# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. SA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagta give residence of mother)
County	mula la la land
City or town (If outside city or town limits, write RURAL and give nearest town)	State Many County Fredham  City or town Downson
How long In above place of death? 72 450	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where doubt occurred:	
_	Street No(If rurs), give LOCATION)
	(II Furni, give Location)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Elizabeth J. Sprigg	3. (b) Social Security Number
4. Sex 5. Color or rate 6.(a) 3 mg/te, (parried), wildowed, of suarced from the formula Color.	MEDICAL CERTIFICATION
remue c. prushey	20. DATE OF DEATH WEC 1976. 6. 21 / 2 M
6.(b) Name of husband or wife. Mullimus Spalages	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw here alive on Jeon 29 10/16
deceased (mo., dsy, yr.) //auch & Mac /6/1	Interest Course death DURATION
8. AGE: Years   Months   Days   It less than one day	Miles elepans 10%
69 8 1hrsmln.	A SULLAND STATE OF THE STATE OF
marile	
9. Birthplace (Toyn, eounty, and state)	Due to
	***************************************
10. Usual occupation Howsenfl	Due to
11. industry or business	
12. Name Janes Jan	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Sunk flushing.	Major findings of operations
S 45 Birthalass Marulling.	
13. Britiplace	Date of op.
18. Informani / William Juoun	Antopsy results
PLI P	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Millia.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burel Date thereof Alle 4 1946	
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
711-8	Where did injury occur?
Cemetery or crematory.	Where did Injury occur? (City or town) (County) (State)
Location Statements Md. Mnonvelo	Injured at home, farm, Industry, public place (where?)
1 X/ Gentry Bed	Means of Injury Injured at work?
18. Funeral director O. L. X. L.	1/11/ 51/ 6
Address Brunsone Mad	The suite has
11-4- 41.0 12.1	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Addres 144444 Date signed 199/16
	/ / *



6., at . 1.2.30.14 M

DURATION

CERTIFICAL	Reg. Diat. No. 70
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate County
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex  5. Color or race  (a) Single, married, widowed, or divorced  2. Color of race  (b) Name of husband or wife.  2. Color of race  (c) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  2. Color of race  (d) Single, married, widowed, or divorced  (e) Single, married, widowed, or divorced  (for divorced) Single, married, widowed, widowed, widowed, widowed, widowed,	MEDICAL CERTIFICATION  2D. DATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 10. 2 19  and that I last saw h
16. Informant Address  17. Burial, cremation, or removal. Whichel  Cemelery or semalory  Location  18. Funeral director  Address  2. Control of the control	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
(Date rec'd by registrar) Registrar	Address Wolkles will, Ma Date signed Duck

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

important.

PLAINLY, vis especially

WRITE

PLEASE

JAN 6 947

2 1100 2-10

CERTIFICA	TE OF DEATH Reg. Dist. No	£
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	)
STOUTER, JOSEPH HEN	3. (b) Social Security Number 219-20-04,85	
Male White Married  Man of husband or wife Martha Ellen Ferguson  6.(c) If alive, give age 6.0 year	MEDICAL CERTIFICATION  20. DATE OF DEATH. 2   DECEMBER 19 4/6 at 10:  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 11  and that I last saw have after on 2 2 Wellewiller 19	
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day   74   3   29   hrs.   min    9. Birthplace   Frederick Co. Marylahd   (Town, county, and state)	Itamediate cause of death	RATION G L
10. Usual occupation. Laborer  11. Industry or business	Due to	
13. Birthplace Unknown  14. Malden name Sara C. Baker  15. Birthplace Unknown	(Include pregnency within 3 months of death)  Major findings of operations	> + + + + + + + + + + + + + + + + + + +
16. Informant Address Emmitsburg, R.D.1  17. Burial (Burlal, cremation, or removal, Which?)  Cemetery or fremator, St. Anthony s Shrine Com.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	y.
18. Funeral director		Md 46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

A15 SA

PLEASE

RECEIVED

DEC 28 1946

BIRDON V 6

1-35

2411 N. Charles St., Baltimore 1620

CERTIFICA	TE OF DEATH Reg. Dist. No.	3 0
1. PLACE OF DEATH:  County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  State  (If outside city or town limite, write RURAL and give neares  Street No. 3 17  (If rural, give LOCATION)  2.(a) II veteran, name war.	t pown)
3. (a) FULL NAME	3. (b) Social Security Nu	mber
ANNIE MARY STUDY	none	
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced. Themale Tubute Married	MEDICAL CERTIFICATION  26. DATE OF DEATH 20 WELLELLER 19.46 , at	7:40
8.(b) Name of husband or wife (1)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	
7. Sirth date of 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that t tast saw half are on 20 le,	19 4
deceased (mo., day, yr.) (7204 - 2 5 - 75 5	Immediate caose of pleath	OURAT
8. AGE: Years Months Days It less than one day	Chile traultion	400
9. 8 irthplace adams County, PA.  (Town, county, and state)	Oue to Seriel Almentia "	4-57
to. Usual occupation / Lausework	Busia	
11. Industry or business / Asuseunfe	900 10	
12. Name amos owillet	Other conditions	
\$ 13. Birthplace adams County PA	(Include pregnancy within 3 months of death)	
14. Maiden name Settle Suelle	Major fiadings of operations.	
14. Maiden name Althe Walden name Aldrew County, PA.	- Oate of op.	
18. Informant Grilliam Study 1 m	Actorey results.	
Address 317-n. Bento St. Treduck	PHYS1CIAN: Please underlise the cause to which death should be charged state	distically.
17 Remarcal has Burial Date thereof Dec. 23-1946	22. VIOLENCE: II death was due to external causes, IIII In the following:	
(Burial, cremation, or comoval, Which?) (month) (day) (year)	decident, suicide, or homicide	
Cometery or exemptory Mr Carmer Com. Littlestown	Where did injury occur?	State)
Location Lettersours 10 H	Injured at home, farm, Industry, public place (where?)	
18. Funeral director John M. Title & Son	Means of Injury Injured at work?	
Address Teulestown , PA. Py R. A. L.	Charles at Carley Ja	· Yu

Supply every item of information carefully. The correct age

MARGIN RESERVED FOR BINDING

19. De C 19 He (Date rec'd by registrar)

RECEIVED

DEC 23 1946

BUREAU 8.

1-35

# CERTIFICATE OF DEATH

310

	Rog. Disc. 100
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and gippe nearest town)
Hospital, institution, or street address where death, occurred:	Street No. Mas Selescollo Md. (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
Manua Cara Sacra	3. (b) Social Security Number
1. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Sengle	MEDICAL CERTIFICATION  20. DATE OF DEATH DECIDION  20. DATE OF DECIDION  20.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I alrended deceased from
7. Birth date of deceased (mo., day, yr.) Dec. 9th 1861	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immedia control DURATION  Secretary Control Co
9. Birthplace Maryland (Town, eounty, and attate)	Due to
10. Usual occupation. Selanus Velse  11. Industry or business OWW	Due to
12. Name Glange P. Sulser	Other conditions
# 14. Maiden name Calhering Rellery	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informati John Edgus Sulser	Autupsy results.
Address Knorville Md.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17. Butaling Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemelery or cromotory Lutherauk	Where did injury occur?
Location Jefferson Md.	Injured at home, farm, Industry, public place (where?)
Address Brunswick Md.	15 that no
19. 1 Control of the	Address Manual M. D. or other  Address Date signed 1/2/4/2

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death charly and legibly.

PLAINLY, WITH UNF. is especially important.

WRITE

PLEASE

SA



sa St., Baltimore 49-0	X
------------------------	---

arlea	St.,	Baltimore 49-0	7		1

121	40	111	
Reg. Dist.	No	14	2 0

CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Tredex , cle	State Md - County Fredexiek
(If outside elty or town limits, write RURAL and give nearest town)	The Royal Massaulla
ow long in above place of death? 5 / 5 occurred:	
	Street No
ow long in hospital or institution?	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
LIZZIE E. TOMS	~
. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. Desc. 21. 8.4.0.
S. (b) Name of husband or wife Millard F. Torns	21. I CERTIFY that death occurred on the date above stated; that Lattended decessed from
6.(c) If allve, give age 7.3 yes	19/6, 10 Alc 22 19/4
Birth date of deceased (mo., day, yr.) (Cox - 4, 1873	and that I last saw had believe on 19.7
B. AGE: Years   Months   Days   If less than one day	Car comorsa ba funa with
23 1 68mi	
Birthplace Myerskille, Frederick G. Md.	Due to.
(Town, county, and state)	
D. Usual occupation House Security	Due to
1. Industry or business	
12. Name Adam Leatherman  13. Birthplace Myersville Md.	Other conditions
	(include pregnancy within 3 months of death)
14. Malden name SJ Sam Harshman  15. Birthplace Myersville, Md.	Major findings of operations.
15. Birthplace Myersxille, Md.	Date of op.
18. Informant 18 11/2: d t. To S	Antopsy results
Address Myersville, Rd.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which)  (Burial, cremation, or removal, Which)  (month) (day) (year)	22. YIOLENCE: It death was due to external causes, this in the following.  Accident, suicide, or homicide
	Where did Injury occur?
Cemetery or crematory	
Location My Crsyclle 1112.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Shadhard S	
Address Police deletous Md.	23. SIGNATURE & Loup Must
19 Der 23 1946 Floy M. BUT	M. D. or other
(Date rec'd by registrar) Registra	Address Date signed Date signed

TARVIN RESERVED FOR BINDING

A15 SA

DEC 28 1946
BURFAU V B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

15.			,	4	,	,
Reg.	Dist.	No.		.7	<i>!</i>	.K

CERTIFICA	ATE OF DEATH Reg. Diat. No. / 4/
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 3/5 6 22 (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME William W. Utterbac	3. (b) Social Security Number
Male Scot 6.(a) Single, married, widowed, or divorced marie	MEDICAL CERTIFICATION  20. DATE OF DEATH 9 Lecurber 19 H6 21 6 30 A M
8.(b) Name of husband or wife. 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	ars and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	Immediair cause of death Heart failure DURATION
79 10 12 hrs.	in.
9. Birthpiace Mary (Town, county, and atate)  1D. Usual occupation B. O. F. Chiquesto Returns	Due to Arterio - acalenates Heart 10 years
11. Industry or business Jumphelaliero	Due to
12. Name A Ku Meranam Mttshack 13. Birtholace Manna	Dither conditions
	(Include pregnancy within 3 months of death)
HE 14. Maiden name Massis III. Educado  8. Birthplace Outpass	Major fiedings of operations
16. Informant Mrs Emma W Willefred	Autopsy results
17 Burel Date thereof Dec. 6, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal Which) , (month) (day) (year)	Accident, suicide, or homicide
Location Snorfile Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director G. N. Fueto V Beo	Means of Injury Injured 21 work?
Address Brunswief Md.	23. SIGNATURE Reclaimed A Councilies Net
19. Dec. 6 19. 46 Nathryn X Brown Registrar)  (Date rec'd by registrar)  Registr	m 12 11 5 1 46

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

age

WRITE

PLEASE

VS A15

DEC 10 1946
BUREAU V S.

-1410 -1-10

PLEASE

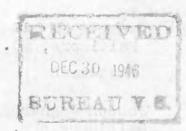
VS A15

2411 N. Charles St., Baltimore 13

12	-	
10	1	

	74		CERTIFICAL	E OF DEA	IH Be	Reg. Dlat.	No	.39
1. PLACE OF DEA	TH:	. la		2. USUAL RESID	ENCE (HOME) Of	F DECEASED:		
County Frederick  City or town State Sanatorium (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Since June 27, 1946  Hospital, institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium  How long in hospital or institution? Since June 27, 1946			City or town(1f o	Baltimore utside city or rown limits Patapsco (If rural, give	AVE LOCATION)	give near	est town)	
3. (a) FULL NAME	nstitution?	тго.еэ.	atte Tatto	2.(d) If Veteran, name	war	3. (b) Social Se		nmher
0.(0,00=0.000	EDWARI	) A. W.	AGNER			218-01	-	
4. Sex Male	5. Color or race White	8.(a)Single	married, widowed, or divorced  Married	2D. DATE DF DEATH	MEDICAL CE December			3:40
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yr. 8. AGE: Yeare	25.25		gner If alive, give age	June 27	ath occurred on the date abo 19.4 i.m. alive on De-	46 to Dec	c. 2	6 1946
9. Birthplace	(Town,			Due to	NARY TUBER			22/10
12. Name	Joseph Baltimo Mary Ha Baltimo	ore, M		Other conditions	ude pregnancy within S r	nonths of death)		
	Deceased			Autopsy results PHYSICIAN: Please	underline the cause to wi	hich death should he	charged st	,
17Burial (Burial, eremation, o			Dec. 30 194 metery	Accident, evicide, or h	oath was due to external causemicide	Date	ot	
			a.		Industry, public place (wi			
18. Funeral director	M. L. (	reage	r and Son	Means of Injury		Injured at wo	ork?	
19. (Date ree'd by regi	6/46	0	WW Registrar		Sanatorio			

belongs with the



1-35

undingod santters.

AND AND THE MENT OF THE PARTY O

9-45-15M

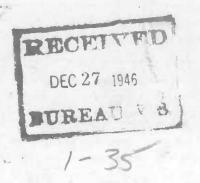
VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MARILAND	DIALE	DELAKIMENI	OI.	IIICALII

2411 N. Charles St., Baltimore



			CERTIFICA.	TE OF DEATH	Reg. Diat.	No. TOTO
1. PLACE OF DEATH: County Frederick  City or Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred: Frederick City Hospital  15 Minutes			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  None			
J. (a) I OLL MAILE	ZELMAR	WALDON			None	curry Number
4. Sex	5. Color or race	6.(a)Smgle, marr	ied, widowed, or diversed	MEDIC	CAL CERTIFICATIO	N
F	C	M		20, DATE OF DEATH. Decer	mber 23, 19	46 ,7:30P m
6.(b) Name of husband or	Richa	rd Wald	on	21. CERTIFY that death occurred on the	e date above stated; that atter	ded deceased from
7. Birth date of deceased (mo., day, yr.	Nov 10	6.(c) If all	ive, give age 44 years		Neg 23	19446
8. AGE: Years	Months	Days   If	less than one day	Immediate cause of death	we lus mo	- DURATION
43	7		hrsmin.		X	Suddon
9. Birthplace Fred  1D. Usual occupation  11. Industry or business  12. Name Cha  13. Birthplace F	Domesti	omity, and state)		Due to		
ex w				(Include pregnancy	within 3 months of death)	
14. Maiden name	rederick	County	Maryland	Major findings of operations	Date of	
16. Informant	TOILGE OF THE	TTOOLL	ederick,Md.	Actopsy results	ause to which death should be	charged statistically.
Burial Commenter (Burial Commenter)	Colored		12/26/46 (month) (day) (yesr) TY	22. VIOLENCE: If death was due to ex- Accident, suicide, or homicide  Where did injury occur?	Date	(State)
LocationBarto	nsville-	Fred k.	Md. R.D.#1	Injured at home, farm, Industry, public	place (where?)	
18. Funeral director	M. R. E	tchison	and Son	Meane of injury	Injured at w	ork?
Address	Frederi	ck, Mar	yland	, MAX	110/10	M. D.
	) et 19 14 (p	Elizal	belle 4. Hech. Registrar	23. SIGNATURE ALLO	real III Date	M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



12568

## CERTIFICATE OF DEATH

			10
)	1 %	10	1 2
	n n.	. 15	9 0
	Keg. Dis	. No	A

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County	Makedourd Trodonico	
(If outside city or town limits, write RURAL and give nearest town)	State County County County	
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street againess where death occupred:	Street No.	
1 Juanier Jay Holfman	(lf rurnl, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war. 110	
3. (a) FULL NAME / PO /	3. (b) Social Security Number	
M. Lichael J. Viene	None	
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION	
hale white Sind	20, DATE OF DEATH Dec 9 1946 21 // M. M	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
B.(b) Name of husband or wife	Set 12 1946, 10 Dec 9 1946	
7. Birth date of	and that I ast saw beam, allye on Dec. 9 18 X6.	
deceased (mo., day, yr.) awy .31, 1870	Immediate cause of death OURATION	
8. AGE: Years Months Days If less than one day		
76 3 8nrsmin.	Ucut Corney Thempses. I day	
9. Birthplace Burkettamelle, Friedrick County, Me	Due to.	
(Town, connty, and state)		
10. Usual occupation Rotariol Mail Carrier	Que to Conterio eclaraci.	
11. Industry or businese		
12. Name	Other conditions Mys card-to . The .	
	(Include pregnancy within 3 months of death)	
14. Malden name Frances Miles  15. Birthplace Burksttwell Mel		
5 15 Birthologo Birthologo	Major fisdings of operations Advantage Police of Co.	
Maril & Litte (Day VI)	Date of op.	
18. Informant	Antopsy results	
Address Suprollation 1700.	22, VIOLENCE: If death was due to external causes, fill in the following;	
17. (Bnrisi, cremetion, or removel, Whichi)  Bate thereof All. (month) (dny) (year)	Accident, suicide, or homicide	
- It Mary's Durative	Where did injury occur?	
Cemetery or overmatory		
Location KFO Tolehundly Mal	Injured at home, farm, industry, public place (where?)	
18. Funeral director Gladfull Co.	Means of Injury Injured at work?	
Address Midaletawa). Md	aa. a. M.	
23. SIGNATURE		
(Date rec'd by registrar)  Registrar	Address Delevice Md. Date signed 12/10/46	

DEC 13-1946 BID A 3

1-35